MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12941 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH B. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE c. STATE Mar	(Where decease	d lived. If instituti b. COUNTY	on: Residence bet	fore admission)				
RURAL and give	(If outside corporate limit nearest town) IINSTEP	s, write c	2wks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural—Westminster								
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, gi bex Nursi:				d. STREET ADDRESS Spring Mills Rd. e. is residence on a farm? YES \(\) NO (\)							
3. NAME OF DECEASED (Type or print)	(Type or print) BIVIVIA		Middle COOK	BARNES	4. DATE OF DEATH	DE DE		Doy Yeor 1 1957				
female	white	WIDOWED		8. DATE OF BIRTH 11-12-18		9. AGE (In years loss birthday) yrs.	Manths Days	AR IF UNDER 24 HRS. Hours Min.				
housev	NON (Give kind of work d orking life, even if retired) VIIE	lone 10b, Kli	nd of Business or inc home	Maryl		ountry)	12. CITIZEN	OF WHAT COUNTRY				
13. FATHER'S NAME	John W	. Coo	k	14. MOTHER'S MAIDS		ley						
15. WAS DECEASED EN (Yes, no. or unknown) NO	VER IN U. S. ARMED FORCE (If yes, give war or dates of se	rvien)	ne 17.	William A.	Barne	s, Sa	me					
Conditions, if gave rise to couse (a), slatin lying cause lost	g the <u>under</u> DUE TO	Ord	Tering to DEATH BY	JT NOT RELATED TO THE TE	101	<u> </u>	10	+yrs				
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF				RED. (Enter nature of injury			EN IN PAKI I(O)	PERFORMED? YES NO				
20c. TIME OF INJU	10	While	Not white st work	PLACE OF INJURY (Home, foctory, street, office bidg.,	form, 20f. (City etc.)	or town)	(County	r) (Slote)				
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	195, eW	lolus	m.D. 15 15 Kens	ADORESS (SI	n the couses of treet, city or town	and on the desirate)	saw the deceased				
220. BURIAL, CREMATI REMOVAL (Specif BURIAL			Sams Creek	Brethren		COLL CO.		(Stote)				
23. FUNERAL DIRECTO	R'S SIGNATURE Waltz.	1A7-1 ~	ADDRESS ofield Md		EC'O'DY REGIST	RAR 246 REGIS	TRAR'S SIGNATI	JRE 11				

DECEIVED

BUREAU V. R.

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY MARYLAND Carroll Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) uneral c. LENGTH OF STAY IN 16 RURAL and give negrest town) shauld Svkesville since Bal timora City (7000 TR d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 360 Homestead St. ON A FARM? Springfield State Hospital stem Avenue YES NO NO NAME OF 4. DATE first Middle tost Month Year DECEASED DEATH Arthur 18 (Type or print) Frederick Beck December 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HOS Months Dovs DIVORCED | 4-30-92 Male White WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Clerical Worker puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Beck Ann (Maiden name unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 705**-**05-3039 Records of Springfield State Hospital 18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchopneumonia h days **DUE TO** any Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic brain syndrome associated with other diseases of unknown YES TO NO T OT UNCOTTAIN CAUSO

200. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING

CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. Italier noting of injury in Port I or Port II of item 18.] WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURRED (Slote) (County) factory, street, office bldg., etc.) a.m While Not white at work ol work 21. I certify that I attended the deceased from October 26 . 1955, to December 18 19 57 that I last saw the deceased ____, and that death accurred at 9:30 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Springfield State Hosp. Sykesville, Maryland and PHYSICIAN'S Martin Gross, M.D. NAME (Type) 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) TO FUN 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DEC per 1801

MARKET BARRENED

220 NAME OF CEMETERY OR CREMATORY

22d. LQCATION (City, town, or county)

240. REC'D BY REGISTRAR

245. REGISTRAL'S SIGNATURE

(Stote)

TO HOSPITAL OR
May be reformed
TO FUNE AL DIRE

220. BURIAL, CREMATION.

REMOVAL (Specify

23. FUNTERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

executed within 24 haurs after death.

death certificate

that the

BUREAU Y. S.

BECENAED

execute the certificate, writing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatived for your files. 5 FU NECTOR: Page 5 may be relatived for your files. 5 FU NECTOR: Page 3 should be used as a byriot-transit permit. File pages 1 and 2 with the Chief Board of Health, or its designated agent, prior to buriat, cremation, or remaval, and in any event within 72 hours often with TO DEPUTY MEDICAL EXAMINER! This certificate shauld be executed within 24 hours ofter death.

FOR STATE HEALTH DEPT.

M

-MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12939

					Reg. Dist. No.
PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (V	Where deceased fived. It institution 12 and 6 COUNTY	Carroll
FUTET We	ode corporate limits, write MURAL stminster	c. LENGTH OF STAY IN 16	c. city or town (f outside corporate limits, write RUF Westminster	RAL and give nearest lown)
	or institution (if not in Leister's	hospitat, give street address) Church	d. STREET ADDRESS near I	eister's Chur	ch s residence on a farm?
3. NAME OF DECEASED (Type or print)	ARVEV	DANIELIS	OREITWEISE	A. DATE Month OF DEATH / 2	Doy Year 9 1957
5. SEX 6.	1871- 4 +	RRIED NEVER MARRIED 3 8	Mary 18-9	too take about a	UNDER TYEAR IF UNDER 24 HES, onths Days Hours Min.
during most of working lift Farm hand	(Give kind of work done 10 fe, even il retired)	b. KIND OF BUSINESS OR INDUST Farm		cor foreign country) County, Md.	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John :	L. Breitwe	iser	Mine	erva Garrett	
15. WAS DECEASED EVER II [Yes, no, or unknown] (If y	and the contract of the second		Mrs. Charle	es Brehm Westm	minster, Md.
PART I. DEATH V	[Enter only one couse per NAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which)	(c), (b), and (c).)	reclusion	J	INTERVAL SETWIEN ONSES AND DEATH Mule,
gave rise to immediate (a), stating the undecause last.	e couse (
CCE		S CONTRIBUTING TO DEATH BUT P	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	WAS 206. DESC	RIBE HOW INJURY OCCURRED. (E	Enter noture al injury in Par	t I or Part II al item 18.)	
20c. TIME OF INJURY Hour e. m. p. m.	٧	Od. INJURY OCCURRED 20e. PLA: While Not while focts t work of work	CE OF INJURY (Home, form ory, street, office bldg., etc	n. 20f. (City or town)	(County) (State)
A		of causes XI. Accident		Homicide . Undetermi	Inquiry , and in my ined manner
	ames T. Man	rsh, M.D.	ASSISTANT MEDICAL		12/9/5
220. BURIAL REMATION. REMOVAL (Specify) BUT181	226. DATE THEREOF 12-12-57	22c. NAME OF CEMETERY OR Westminster		Westminster,	
23. FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 246. REGISTRA	AR'S SIGNATURE
John R. B	yers West	minster, Mary	land DATE	Pec. 11 140 Ho	int mic

DATELPEC, 11 140) Horisin

TO FC **VS. A15ME** 5M 2/57



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State of records

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DEC 31

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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within 24

HOSPITAL

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12951 CERTIFICATE OF DEATH

12943

L.				- CERTIFICA	-	LOIDEAII			R	eg. Dist. I	Vo.	14		
1.	1. PLACE OF DEATH D. COUNTY Carroll MARYLAND 2 USUAL RESIDENCE (Where dec.							b. COUNTY Balto.City						
Ī	b. CITY OR TOWN (If RURAL and give neo	outside carporate limits,	wrile	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)									
	Sykesville	,		4 mos.4days	1	- 1 - 4-								
d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET						d. STREET ADDRESS		4 D-14-	7	3	ON	SIDENCE A FARM?		
=			DI0		<u> </u>				.,Balto.13.			YES NO 🖪		
J	NAME OF DECEASED (Type or print)	D		Loretta		CASSADY	4. DATE OF DEATH		December		13, 19 57			
5	. SEX	X 6 COLOR OR RACE 7. MAR		RIED NEVER MARRIED 8.		ATE OF BIRTH		9. AGE (In years lost birthday)	IF	onths Day	AR IF UND	ER 24 HRS		
	Female		IDOWE		DIVORCED August 8, 1891						rs Hours	Mrn		
10	Oo. USUAL OCCUPATION during most of works	I (Give kind of wark dan ng life, even if retired)	e 10b. I	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign of				cauntry)				T COUNTRY		
	Secretary			MAIN		Maryland				U.S.	.S.A.			
13). FATHER'S NAME			,	14	I. MOTHER'S MAIDEN N								
	John K. Ca					Mary Loret	ta Ma	ckin						
15		IN U. S. ARMED FORCES yes, give wor or dates of services		SOCIAL SECURITY NO. 17. I		mant ringfield H	ospit	al Record						
F		H [Enter galy one course	per lin	e for (a) (b) and (c).	- 5		ОБРІ			111	NTERVAL B	FTWEEN		
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage								ONSET AND DEATH					
	420.0	MMEDIATE CAUSE (o) DUE TO				6					Our e	,		
		Antenieral and the disease								Years				
	gave rise to im	mediate (Dus 10		2 001 200 01 01 0 03		11001 0 01000	000		_		*001			
	I cope (o)' Hand the huber- (Years	2				
CERTIFICATION	PANT II OTHE C.B.S. ass DSYCHOTIC 200 ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	OC.WITH CIT C reaction.W UNDERLYING [] 200 CAUSE OF DEATH	ions ci	ONTRIBUTING TO DEATH BUT ist. with cere severe diabet RIBE HOW INJURY OCCURRE	por es	al arterios	nal diseas clerc	sis, with	EN	IN PART 1(o	19. WAS	AUTOPSY ORMED? NO 📆		
MEDICAL			While			OF INJURY (Home, form, street, affice bldg , alc.		y or town)		(Coun	17)	(State)		
	alive on Dec		12.5	od from Oct.23.	occ	curred at 8:50A	M, fra	street, city or tawn,	and state	an the o	saw the	decease ed above ATE SIGNE		
27	PHYSICIAN'S NAME (Type) W.		nne	nfeldt, M.D.	M.D.	. /	Mar				12/.	13/57 le)/		
	Burlas	12-10-	5/	System 1	L	delmen	_3	alism	10	il,	120	1		
23	I. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- 11	240 REC'C	BY REGIS	TRAR 246 REGIS	STRA	R'S SIGNA	TURE /	113/		
1	14/1/0001	soh me	12.	19/14/19/14/	24	SHILL DATE /2	5/5	3/ /V.N	-14	JANA 19	Will	Ch		

EULENU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12952 **CERTIFICATE OF DEATH** Reg. Dist. No. be filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND faryland Carroll hours ofter death. b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Sykesville MO. Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS E. IS RESIDENCE ON A FARM? 20 Emerald merald. Drive YES NO Drive 2 NAME OF 4. DATE Middle Month Day Yeor DECEASED OF DEATH within 24 (Type or print) . 71111am Herbert 24 19 57 Close Dec. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS campletely Months Dovs Haurs WIDOWED TE DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Balto City USA etired Fireman IId. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Martha Actor Robert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending eose requires that the death 18. CAUSE OF DEATH [Enter only one cause per line for (o), INTERVAL BETWEEN ONSET AND DEATH 'n, PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) sport of . 1 DUE TO څ ony Conditions, if any, which gave rise to immediate DHE TO couse (a), stating the underlying couse lost. CERTIFICATION PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHAUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 189. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) Hour o. m. White Not while of work of work C 19.57 that I lost saw the deceased 21. I certify that Lattended the deceased from. and that death accurred at 2. OO AM, from the causes and on the date stated above alive on a ADDRESS,(Street, city or town, state) **ACTUAL** SIGNATURE P PHYSICIAN'S NAME (Type) FUN 220- BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slate) REMOVAL (Specify) Loulon Balto 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Dir. 4101 Idmondson Ave. VS A15 (4) DATE

BOLEVA A. T.

7FC . 1025

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12954 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed v a. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown) RURAL and nive negrest lawn NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES FT NO [70 NAME OF 4. DATE Middle Lost Month Year Day DECEASED (Type or print) DEATH 19-5. SEX 4. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HIP lost birthdoy) Months Min. WIDOWED 173 DIVORCED [papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if Tetired) 12. CITIZEN OF WHAT COUNTRY? death. pup ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a)/ (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gued gove rise to immediate bei **DUE TO** codise (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO F 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, PLACE OF INJURY (Hame, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) a. m. While Not while at work of wark p. m. 21. I certify that I ottended the deceased from ...that I lost saw the deceased olive on and that deoth occurred M, from the couses and on the date stated above. ADDRESS (Street, city or town DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (Stole) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. BEGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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6	-					ATE DEPART				TIMORE, 1	18 1	2947	7. ,
ž.				1	2955	CERTIFI	CATE	OF DEAT	H		Reg. Dist	. No.	14
WŠ.) [7. P	LACE OF DEATH	rell		MARYLAN	n 4	JAL RESIDENCE (WESTATE		d lived If instituti b. COUNTY		e before adm	ission)
. /		b		If autside carporate limit	s, write c. LE	NGTH OF STAY IN	lb c. 6	CITY OR TOWN (IF		rate limits, write l	A	ve recrest to	wn)
			Sykesyi	lle		m 26 d		altimore	14,		,	/ -	
1.				TAL (If not in hospital, gi		ss)	il .	STREET ADDRESS	dale Av	enue		ON	A FARM?
		3. 7	AME OF	Firs	t	Middle		Lost	4. DATE	Mor	ith	Day	Year
			Type or print)	Winif		Josephi		Duffy	OF DEATH	12		29	19 57
	- 1	5. S	EX	6. COLOR OR RACE	7. MARRIED	_	- I	OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN	· · · · · · · · · · · · · · · · · · ·
			emale		WIDOWED	DIVORCED		3-1900		57 yrs.			
	1	10a.	during most of wor	ON (Give kind of wark d king life, even if retired)	one 10b. KIND	OF BUSINESS OR IN	IDUSTRY 11	. BIRTHPLACE (Stole	e or foreign co	ountry)			T COUNTRY?
	1		Housewif	e		me		Marylan			Ū.	S.A.	
		13. (ATHER'S NAME				14. N	OTHER'S MAIDEN	NAME	All			
	L	_	James Fl	aherty				Mary		XHa	Men	,	
		5. (Yes.	NAS DECEASED EVI	ER IN U. S. ARMED FORC	DES? 16. SOCIA	AL SECURITY NO.	7, INFORMA			Add	ress		
	<u>ا</u> [no		unk		Spr.H	lospit.Re	cords				
	- 1			ATH [Enter anly one cau		(a), (b), and (c).]						INTERVAL I	BETWEEN D DEATH
	-1		PARI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bron	chopneumo	nia					days	
			422	QUE NO	•								
			Conditions, if a	iný, which) (b).	Arterio	sclerotic	cardi	Lovascula	r dise	ease		year	3
	- 1		cause (a), stating	the under-									
		_	lying couse lost.	, (0).									
ζ		CATIO	Amyotrop	her significant cond hic lateral	sclerc	os is, Dec	ubitu	S ulcer	AINAL DISEASI	E CONDITION GIV	EN IN PART	PERF	ORMED?
			200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE I	HOW INJURY OCCU	RRED. (Enter	nature of injury in	Part I or Part	II of item 18.)			
		MIDICAL	20c. TIME OF INJUI	RY Manth, Day, Yea			PLACE OF	INJURY (Home, far	m, 20f. (City	or town)	(Co	ounly)	(State)
	-1	¥	p. m.	19	While t	Not while	100.0.73 311	sol, direction, el	(New)				
	- [21. I certify th	hat I attended the	deceased fr	am. 5-2-		19. 57. ta	12.	-29-, 1957	that I la	ist saw thi	decense
	-1		alive on	12- 29-	_ 19/057	, and that de	ath occur	red all0:30	A M. from	the causes o	and an the	e date sta	ted above
			C	/	W.	2-1-				reet, city or town,			DATE SIGNED
1	/		ACTUAL SIGNATURE	mund	Jus	Man	- A.o. S	oringfie	ld Stat	te Hospi	tal	1	2-29-5
			PHYSICIAN'S NAME (Type)	Edmund Lusth	naus M.	.D .		ykesville		"			
	Ī			ON, 226. DATE THEREOI	- J 22c	NAME OF CEMETER	Y OR OREMA	ATORY ()	22d. LOCAT	Joh (City John)	or county)	n. 19	ote)
4.5	-	23 V	UNERAL DIRECTOR	'S SIGRIATURE	0	ADDRESS 1/	refe	ua la ser	D BY REGIST	24 250	STRAR'S SIGN	NATIONS.	
X		×	ema	& Lucy	K S	BOJ NO	1 from	DATE /	12. 29	57 1 A	26/4/	1/11/11	
V	E					714	7	J DAIL /	P. 1-1-	1 61096	11/19	1400	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECENTED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1295012958 **CERTIFICATE OF DEATH** Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY filed o. STATE **b. COUNTY** MARYLAND Carroll .arvland Correct death. era b. CITY OR TOWN [If outside carporate limits, write Pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) pluous Tanautown Rural Taneutown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ... IS RESIDENCE OF INSTITUTION ON A FARM? by 2 YES NO Ξ NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH Fair arlin George December 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF JNDER 1 YEAR IF UNDER 24 HRS Manths Dovs Min. DIVORCED [White WIDOWED [7] Male July 22 YES. cample 10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Freight Hauling l'arvland ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 physician Pirnie W. Fair Progaret Vaughn Temo. 72 ho 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending arlin Fair. Taneytown Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ō. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 🖂 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) Hour a. m. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from.... .. 19.57 that I last saw the deceased 26 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 5 P Thompson, M.D. Ambler PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lutheran Gemetery Tangutern. . arvlard 2 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR .24b. REGISTRAR'S SIGNATURE DATE DEC 3 0 37 VS A15 (4) Son C.U.Fuss & town. Nd. w.

within

EULEAU V. L

756 . . 1957

DECENATED A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. 15 RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED 12-4-57

(Stole)

U.S.A.

Days

(County)

YES 🔀 NO 🗌

Year

1957

executed within 24 hours ofter death. requires that the death

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12952
	12960 CERTIFICATE OF DEATH Reg. Dist. No. 74
ī	PLACE OF DEATH a COUNTY CATTOIL MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTBaltimore.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sykesville 3 years Baltimore City
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital d. STREET ADDRESS ON A FARM? YES \(\sum \) NO (S)
3	NAME OF DECEASED (Type or print) Nargaret Marie Fitzgerald December 4 1957
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Female White widowed Divorced 16. Date of Birth Oyr Months Doys Hours Min
1	o. USUAL OCCUPATION (Give kind of work done) Output of working life, even if retired) Drug Packer 12. CITIZEN OF WHAT COUNTRY II. BIRTHPLACE (State or foreign country) II. S. A
1:	John J. Fitzgerald Nora Kerwick
19	was deceased ever in u. s. armed forces? 16. social security no. 17. informant 329dref ong fellow St. no of information of inf
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OF USION IMMEDIATE CAUSE (a) COPONARY OF USION
	Conditions, if ony, which) (b) Hypertensive Cardio-Vascular disease
	gave rise to immediate course (e), stating the under-lying cause last. tying cause last. Cc) Generalized Arteriosclerosis
Č	Chronic brain syndrome absociated with senile brain disease, with psychosts no part to the terminal disease.
100	
0.00	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p, m. 19 20c. PLACE OF INJURY (Home, farm, 20f. (City or lawn) (Caunty) (Slate) factory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 11/21/514, 19, to 12/14/57, 19, that I lost saw the deceased alive an 12/14 M, from the causes and an the date stated above
	ACTUAL Jame L. Helfreine M.D. Spaning Field State Horys. Sykemile
	PHYSICIAN'S NAME (Type) Irene L. Hitchman, M. D. Springfield State Hosp., Sykesville 12/5/5
	12. DURIAL, CREMATION, 22b. DATE, THEREOF 22c. NAME OF GEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) DURIAL (Specify) 12/1/57 NEW CALLEURAL BALLIVICKE NEW CALLEURAL
2	FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS MATURE SHOULD BY REGISTRAR 246 REGISTRAR 246 REGISTRAR 246 REGISTRAR 35 WATURE SHOULD SHO

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		1	296	1 CERTIFIC	CAT	E OF DEATH	1		Reg. Di		35	4
1.	o. COUNTY Carroll				2.	USUAL RESIDENCE (Who o, STATE Maryland	ere decess	ed lived. If institution b. COUNTY	oni Residen	ce befe	re odmiss	ion)
	b. CITY OR TOWN (I	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If or	utside corp	orote limits, write R	URAL and	give nec	rest fowr	n)
	Sykesvil	_ '		since 11/1/1	7	Baltimore	City	7				
	d. NAME OF HOSPIT	TAL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS				•	e. IS RES	FARM?
L	Springfi	eld State H	ospi	tal		Unknown						NO 🔯
Э.	NAME OF DECEASED	Fir	sl	Middle		Lost	4. DATE OF	Mon	th	Do	У	Yeor
	(Type or print)	Fra	- de adem en			Foley	DEATH	Decembe		16		19 57
5.	SEX	6. COLOR OR RACE	7 MARI	HED NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS.
	Male	White	WIDOW			1883		71 yrs.				
10	 USUAL OCCUPATE during most of wor 	ON (Give kind of work- king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)				COUNTRY
-	Tailor			LAMAE,		Maryland			J	J.S.	A.	
13	FATHER'S NAME				1	4 MOTHER'S MAIDEN N						
_	Mike F		eren la			Mary D	ean					
	es no er unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CEST 19	SOCIAL SECURITY NO		ecords of S		Add		ant	4-7	
-	no			ymic]		ecords of 5	bt.rug	TTGTG DGS	te ne			
		ATH [Enter only one co ATH WAS CAUSED BY:								ON:	ERVAL BE	DEATH
		IMMEDIATE CAUSE (c) COTONALY OCCUSION ILLINGUES										es
	Constitution 15 o	DUE TO)									
	Conditions, if a	mmedicte										
	couse (o), stoting lying couse lost.	the under-										
Į		HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH I	SUT NO	T RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PAR	7 1(0) 1	9. WAS	AUTOPSY
CERTIFICATION		Psychosis	with	mental defic	cien	cy						NO K
15	20g. ACCIDENT W	AS HINDERLYING FT		CRIBE HOW INJURY OCCU		<u> </u>	Port I or Po	orl II of item 1B)				
CES	OR CONTRIBUTING	CAUSE OF DEATH		#								
WEDICAL	20c. TIME OF INJUR	RY Month, Doy, Ye		NJURY OCCURRED 20e		OF INJURY (Home, form,		ly or town)	- (County)		(Stote)
WED	Hour e.m.	19	While of wor	k ot work	raciory	street, office bldg , etc.	1		946			
	21. I certify th	hat Lattended the	deceas	ed from Septem	er	1. 19 /17. to D	ecemb	er 16 19 57	that 1	last se	aw the	deceases
	alive on Dec		19			curred at 11:30/						
	7	10111 11	/41.	1001				Street, city or town,				ATE SIGNED
	ACTUAL N	althey H.	1117	17111911015	M D	Spri	ngfie	ld State	Hos p	tal	12	11615
								ille, Mar			1	
L	NAME (Type)	Walther H.	Sonn	enfeldt, M.D.								
22	BURIAL CREMATIC		and surely	22c NAME OF CEMETER	on ti	REMATORY	22d LOC/	ATION ICITY JOWN	or county)		(Sta)	e)
L	Heren	12-15-	5//	Her Par	1484	kal	Æ	Ellening	ne	12	rd.	
23	FUNERAL DIRECTOR	'S SIGNATURE	-Dd.	ADDRESS	1111	14. REC'S	D BY REGIS	STRAR 246 REGI	STRAR'S SI	GNATU	FILL	
1	ILUMER!	- N. 1711142	w	The state of the s	(DATE	1-18-	VICIV	Krane	in	San	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12954
	12962 CERTIFICATE OF DEATH	g. Dist. No.
H		esidence before admission)
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RuralWestminst	
7.	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pullen Nursing Home	e. IS RESIDENCE ON A FARM? YES NO K
•	ME OF First Middle H. DATE Month DEC.	Day Year 13, 1957
		INDER 1 YEAR IF UNDER 24 HRS. Inths Doys Hours Min
	uring most of working life, even if retired) USEWIFE home Maryland	2. CITIZEN OF WHAT COUNTRYS U.S.
	THER'S NAME Lewis Koontz Mary Spurrier	
اي	AS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Edward Will, R.D. Wes	tminster, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardina Carrent, arterior brother heart I	INTERVAL BETWEEN ONSET AND DEATH
	4200 DUE TO TH. 1. 1. 1. 1.	1956
	gove rise to immediate oute (b) Carrie Ultramoves; Tep Menungues oute (a), stating the under ying coute lost. (c) Carrie Ultramoves Due To	Dec 1957
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPSY PEPFORMED? YES NO
	Do. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of ilem 18) R CONTRIBUTING [CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	
	c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work of work	(County) (State)
		at I last saw the deceased
	CTUAL CONTROL Hell M.D. Aperelles 7	
. /	HYSICIAN'S HOWARD E. HALL	
	URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. 22d. LOCATION (City, lown, or co	unty) (State)
;	NERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winfield, Md.	
,		necyolog

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THE ART OF THE

g. Dist. No.

76

	: 1000	,0			Reg. Dist. No. / Ø			
1. PLACE OF DEATH o. COUNTY Ca	rroll	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	n: Residence before admission) Carroll			
b. CITY OR TOWN RURAL and give RURAL, We	(If outside corporate limits, write negrest town) Stminster	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) Rural. Westminster					
d. NAME OF HOSP OR INSTITUTION Westminst	OUTOU COMU DE	strict	d STREET ADDRESS Westminster	Uniontown Distri	e is residence on a farm? YES NO			
3. NAME OF DECRASED (Type or print)	Alice First	Middle Florence	Garber	4. DATE Month OF DEATH 12/17				
5. SEX Female	6. COLOR OR RACE 7. MAI	RRIED TNEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2/22/1917		FUNDER 1 YEAR IF UNDER 24 HPS. Months Days Hours Min.			
10a. USUAL OCCUPAT	ION (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR INDU	, , , – ,	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME William	E. Flickinger		14 MOTHER'S MAIDEN N Bessie	G. Miller				
	ER IN U. S. ARMED FORCES? 16		NIORMANI COLLING	uh Murlur Address				
PART I, DE	Conditions, if any, which gove rise to immediate couse (a), stating the under-							
CAT		CONTRIBUTING TO DEATH BUT			N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P			
OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJU Hour a. p. m.	16 White		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	1, 20f. (City or lown)	(County) (Slote)			
21. I certify to alive on	hat I attended the decea 12/15, 19 M. E. Robert		7.4	12/17, 1957, 9. M, from the causes an ADDRESS (Street, city or town, sh Minelson,	that I last saw the decease of on the date stated above tote) DATE SIGNED 12/17/			
PHYSICIAN'S NAME (Type)	M. E. ROO	ber Tson	R CREMATORY	W Winds	County) (Slate)			
REMOVAL (Specify BUTT) 3] 23 EUNERAL DIRECTOR		Kriders Lut	heran Cem	Nr. Westminste	er. Carroll Co. M			
Richa	A. III.	Littlestown	Pa. DATE	U I Y IYDI Ha	ruet 1 h. lle			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 mild be detached for use as the burial-transit permit. Then please remark-carbon papers. Pages Lond 2 should be filed with the regular prior to burial, cremation, an remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

Bhirth K T

JEC 10 1025

MARTIN

Richard A. Litte.

death:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12966 **CERTIFICATE OF DEATH**

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-														- /	
	1. PLACE OF DEATH O COUNTY CARROLL MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Maryland b. COUNTY Balto.City								
Г	b. CITY OR TOWN (II RURAL and give ne	outside corporate limitorest town)	ls, write		TH OF STAY		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
L	Sykesville 5yrs.3mos.13						ауг	Ba	altimo	re		- 12			
	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital						d	STREET A	ODRESS Wilm	not Co	ourt			ON /	FARM?
3.	NAME OF	Fire	ll		Middle			Los		4. DATE	Mo	nth.	Do		Year
	(Type or print)	Eliza			Moore		GODI			OF DEATH	Decembe	r	10,		1957
5	SEX	6. COLOR OR RACE	7. MARI	RIED 🔲 N	EVER MARRIE	ED 🔲		E OF BIRTI			9. AGE (In years last birthday)	Months	Days	IF UND	ER 24 HRS
L	Female	White	WIDOW		DIVORCE		Sep	t. 7	, 1880)	77 yrs.	Monnis	Days	Hours	Min
100	during most of work	N (Give kind of work o	Ione 10b	KIND OF	BUSINESS O	R INDUS	STRY	1 BIRTHPL	ACE (State o	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY?
L	Housewife			20	me			Tenn	essee				U.S.	.A.	
13.	FATHER'S NAME						14		MAIDEN N						
	John Moor	'e						Arab	ella P	ope					
		IN U. S. ARMED FOR		SOCIAL SI	ECURITY NO.	. 17 11	NFORM	ANT			Add	lress			
L	No	-		110	che		Sp	ring	field	Hospi	ital Reco	rds			
	18 CAUSE OF DEA	TH [Enter anly one ca	use per li	ne for (a),	(b), and (c).]]								ERVAL BI	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1	Bro	ncho-p	neur	nėni	a					ON:	day:	
	7	DUE TO			*										
	Conditions, If an	ry, which) (b)													
	gave rise to in couse (a), stating t	nmediate (DUE TO													
	lying cause last.	(c)													
CERTIFICATION	G.B.S. ASS	ER SIGNIFICANT CONI	St.O.	ONTRIBU	Culati	TH BUT	NOT R	ebrai	arter	105C	erosis,	VEN IN PAI	T 1(α) 1	P. WAS	AUTOPSY ORMED?
FE		psychotic				CCLIRRE) (Foto	r poture o	f inverse in Pr	ort 1 or Por	t II of item 19.)			1127	NO []
	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)			· · · · · · · · · · · · · · · · · · ·	CCOMPLE	e (Line								
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	/ Month, Day, Yea	While of wor		CURRED while ork	20e PL/ foo	tory, st	Ireel, affice	Home, form, a bldg., etc.)				County)		(State)
	21. I certify the	at I attended the	deceas	ed from	Aug.	27,		1952	, to De c	ember	10, 1957	that I	last so	w the	deceased
	alive on Dece	1 4 4	_, 19_	57	and that	death	occu	rred at	4:50P		n the couses i				
	11,	0111111	/		11	101	,		A		treet, city or town,			D	ATE SIGNED
	ACTUAL SIGNATURE	WINN ST.	111	111	11 9414	26	M D.	Sprin	ngfi@l	ld Sta	ate Hospi	tal		12	/11/57
	BAING IGHA A HA	1ther H. S	onne	nfeld	t, M.I).			sville					*****	
220	BURIAL, CREMATION	12 - 14-	57	22c. NA	ME OF CEME	YERY O	R CREW	MATORY	7022	22d LOCA	TION (City, tom)	or county)	カ	(Stor	(e)
23	FUNERAL DIRECTOR'S	SIGNATURE		ADD	DRESS	1 //	110	1	240. REC'D	BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATU	RE	1
1	Mulam	COK, In	- 1	21/	11/10	coep-	10	1	DATE	-//-	5/100	your	24	M	N

E.M. N. S.

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VS A15 (4) I5M 9/55

4000*	MENT OF HEALTH—BALTIMORE, 18						
12967 CERTIFIC	ATE OF DEATH Reg. Dist. No. 74						
COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll						
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eldersburg 3 mo	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural— Woodbine						
NAME OF HOSPITAL (If not in haspitot, give street address) OR INSTITUTION Rural Sykesville	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES □ NO 🖸						
AME OF CEASED LEVI TIVIS	HAINES 4. DATE Month Day Year DEATH Dec. 19, 1957						
6. COLOR OR RACE 7 MARRIED NEVER	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min M						
USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDI- luring most of working life, even if refired) Carmer retired owner	ISTRY 11. BIRTHPIACE (State or fareign country) Maryland U.S.						
John Haines	14. MOTHER'S MAIDEN NAME Mary Frizzell						
o or unknown] [if you give war or dates of service]	Oscar Haines, Woodbine, Md.						
CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac failure ONSET AND DEATH IMMEDIATE CAUSE (0) Cardiac failure Ondirions, if any, which over rise to immediate under the couse (a), stating the under the couse (a), stating the under the couse last. ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN INTE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ST							

20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Doy, Year Hour a.m. Not while ot work ot work

factory, street, office bldg., etc.)

20f. (City or town)

(County)

21. I certify that I attended the deceased from fZ - 5= 19 19.5 7, that I last saw the deceased 19.5.7., and that death occurred at 5.05/AM, from the causes and on the date stated abave.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S B SYKESYILLE

(State)

220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMITOR Winfield Church

22d. LOCATION (City, town, or county)

Carroll Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz.

1, PLACE OF DEATH COUNTY

3. NAME OF

5. SEX male

MEDICAL

DECEASED (Type or print)

b. CITY OR TOWN (If a

d NAME OF HOSPITAL

10a. USUAL OCCUPATION during most of working farmer 13. FATHER'S NAME

15. WAS DECEASED EVER no

> 18. CAUSE OF DEATH PART 1. DEATH

Winfield, Md.

249 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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12969 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH " 2. USUAL RESIDENCE (Where deceased lived/ If institution: Posidence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write be c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) RUBAL ond g ve necrest town) the fune shoutd d. NAME OF HOSPITAL (If/not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 64 YES NO () NAME OF First Middle 4. DATE Month Year filled DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 MES Months Days DIVORCED | WIDOWED [X yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? ducing most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse opr line for (o), (b), and (c).] INTERVAL BETWEEN ã ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 11.17 IMMEDIATE CAUSE (0) **DUÉ TO** any Conditions, if any, which signed gove rise to immediate **DUE TO** couse (a), stating the underand lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO CERTIFIC 20g. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour O. IT. While Not white of work of work p. m. detoched for 21. I certify that I attended the deceased from ____,that I last saw the deceased 99M, from the causes and on the date stated above. and that death occurred at. ADDRESS (Street, city or town_stote) DATE SIGNED SIGNATUR P PHYSICIAN'S NAME (Type) Hampstead, Md. M. C. Porterfield, M. FUTE age 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEIERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote bage REMOVAL (Specify) 23_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY/REGISTRAR 24b. KEGISTRAR'S SIGNATURE VS A15 [4] 15M 9/55

within 24 limurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12961

BUREAU V. E.

DECEDAL

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
TATE		: 12970 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. DET No. 129626
DEPT.		LACE OF DEATH COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before odm ssion) o. STATE D b. COUNTY ARROLL D O O O O O O O O O O O O
M	1	CITY OR TOWN (1 outside corporate limits write RUPAL c. LENGTH OF STAY IN 16 C
	-	IAME OF Frat Middle Lost A DATE Month Day Year
	5. S	6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED SEPT. 17, 1879 9. AGE (In year) Out brithday) Months Days Hours Min
1	Ш	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) OUSEWIFE FATHER'S NAME 14. MOTHER'S MAIDEN NAME
0	15. Yes	JOHN SELLERS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO NO NO NO NO NO NO NO NO
		18. CAUSE OF DEATH [Enter only one couse per I ne for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ON ARY OLE LUSION MIN MIN MIN MIN MIN MIN MIN
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c) DUE TO
0	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 of item 18.)
	WEDICAL CERTI	20c. TIME OF INJURY Month. Day. Year Hour e. m. 20f. Not white Not white State)
	ME	21. I certify that I took charge of the remoins described above, held an Autopsy, Inspection, Inquiry, ond in my opinion reath resulted from Notural couses, Accident, Suicide, Homicide, Undetermined manner
2		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 12/19/5
	22c	BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY) 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12-21-1957 / PIDERS VEM: WESTMINSTER.
		ENNERAL DIRECTOR'S SUGNATURES ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE David C. Dan Franch Westmindler, In John 221 21 144 is and it willing

S'A DYTUM!

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	12971 CERTIFICATE OF DEATH Reg. Dist. No.
director	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE MANYLAND COUNTY DELIVER.
death.	b. CITY OR TOWN (If outside corporate limits, write of c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? RURAL and give nearest town? RURAL and give nearest town?
rs after by the f	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION o. IS RESIDENCE ON A FARM? YES NO
24 hou	3. NAME OF DECEASED (Type or print) EMORY - J-HOFFMAN DEATH DEE 16 1959
within etely fil	S. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 12-16-1872 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 ARS. Manths Doys Haurs Min
executed and complete death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF WHAT COUNTRY during flost of working life, eyen if retired)
cion and corbor of series	13. FATHER'S NAME
certifica g physi- remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES TO SOCIAL SECURITY NO. 17. HYFORMANT (Fee Inc. or unknown) (If you give wor or deten of servery) Who Luttrey Hoffman Hamber Ha
attendir please within	18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) ONSET AND DEATH STATEMENT ONSET AND DEATH STATEMENT ONSET AND DEATH
that the by the it. Theil	Canditions, if any, which) or Serveral anterior Schemis 1540
equires n. signed it permid in on	gove rise to immediate code (a), stating the under- lying cause last.
e law r physicia os been al-trons aval, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: Thending I	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI if or ath his certifus use as motion,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of twork of twork of twork of twork of two
DING I haspito After the hed far rial, cre	21. I certify that I attended the deceased from 1971, to 12-14, that I last saw the decease alive on 12-14, that I last saw the 12-14, that I last saw the 12-14, that I last saw the 12-14, that I la
ATTEN by the ECTOR: e detac	ACTUAL SIGNATURE M.C. Partir Luil M.D. Stary of Lown, stole) DATE SIGNED SIGNATURE M.D. STARY OF SIGNA
TAL OR	PHYSICIAN'S M.C.Porterfield Hampstead Md. 12/17/57
HOSPII may be r FUNER, page 3	220. BURIAL CREMATION, 27b. DATE THEREOF, 12c. NAME OF CEMETERY OR CREMATORY 22d to CATION (City, Joyd, or county) (State)
Q ^Δ Q ^{Δ,±} Vs A15 (4) 15M 9/SS	23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS STEER MI 240. REC'D BY REGISTRAR'S SIGNATURE DATE OF THE DATE OF THE DATE OF THE SIGNATURE
13/9/ 7/ 93	

BUILLING K. E.

DEC. 23 1957

DECEMBLE .

1	E2.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12964
	1		12942 CERTIFICATE OF DEATH Reg. Dist. No.
Poge director			PLACE OF DEATH D. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) D. COUNTY CARROLL MARYLAND
erol o			b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
er de Fund ould		4	WESTMINSTER CYPAS WESTMINSTER
ours off by the od 2 sh	3.W.		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 62 W. CREEN ST. LQW. GREEN 6. 15 RESIDENCE ON A FARM? YES NO DE
filled in			NAME OF DECEASED (Type or print) WALTER PAYMOND HOOK SET DEATH DEC. 16 1957
	/	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Doys Haurs Min.
couted with completely popers. Po ath.	(I)	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY?
- 4	71	1	during most of warking life, even if retired) WHER FARM IMP. BUSINESS D. S.A.
be ex n ond orbon fter de	,	-	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
cote sicio			JAMES HOOK FLIZABETH DEAVER
ng phy e remo 72 hou	C	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P. HOOK GADDING GREEN ST. L. DO OF WEST MINISTER. M.D. WEST MINISTER. M.D.
deoth tendi oleos			18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART L DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Curdio Vascular clister Christophysical Services ONSET AND DEATH Christophysical Services
the of he of he he he he			
that by the			Conditions, if any, which) and Delegan and Survey
ned ermi			gove rise to immediate
on. on. sit p			caese (o), stating the under-
flow ysicie beer beer tron ol, o	7	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
The physical physical photon movement of the	3	FICAT	1 drontwelleds + Emplyaima - Pronchetis YES NOD
Thending ficote the but or re		CEIII	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 18.) Contributing Cause of Death
PHYSIC II or of his cert use os motion		MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 While Not while at work at
Spiro spiro rer th			21. I certify that I attended the deceased fram 1925, to 12-17, 1957, that I last saw the deceased
Schee			alive an 12-17, 1957, and that death accurred all 2 3c 1/2 M, from the causes and an the date stated above.
de to the to			ACTUAL 6 ADDRESS (Street, city or town, state) DATE SIGNED
OR A	1		SIGNATURE (& Bellingalea M.D. Westminter, Md. 12-18-5
retoir			PHYSICIAN'S C. L. 13:11ings/ea
moy be poge		77	BURIAL CREMATION, 22b. DATE THEREOF ZZC, NAME OF CEMETERY OR CREMATORY ZZd. LOCATION (City, town, or county) SURIAL (Specify) 12 19 1957 / RIDERS CEMITERY OF CREMATORY WESTMINSTER
VS A15 (4)	18	23	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DATE I 240. REGISTRAR'S SIGNATURE Milling A Comment of Milling DATE I 2/1/20 To The Comment of Milling DATE I 2/1
4 miles 47 mm			The court of the c



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1296512972 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Baltimore Carroll Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) De. RURAL and g ve nearest town)
Sykesville shauld Baltimore years ALC: U d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 1310 Ensor Street YES NO T .0 NAME OF 4. DATE Middle Month Yeor filled DECEASED Catherine Hynes DEATH (Type or print) 19 四位 Dec 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED | DIVORCED T Female white 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)

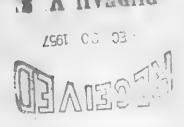
10b KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign cauntry) 12 CITIZEN OF WHAT COUNTRY? household U. S.A. none Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Nora Tuchy Patrick Hynes a remove 72 haurs 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Mrs. W. Mullen 1310 Ensor St. Baltiore, Md offending p no none 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) Heart Eatlure Lour Rheumatic heart disease DUE TO Years eart · lock Conditions, if ony, which Day gave rise to immediate DUE TO cause (a), stating the under-Arteriosclerotic Heart Disease lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Mental Deficiency due to brain trauma at birth. YES TO NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 19 42 to Dec. 21. I certify that I attended the deceased from Oct. 24 27 19 57 that I last saw the deceased , and that death occurred at $\frac{1}{2} = \frac{10}{10}$ M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE State Hospital, Sykesville, Md. PHYSICIAN'S Mastin NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMARORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) 15M 9/59

ofter death.

within 24 hours

requires that the death certificate

HOSPITAL



A NAERUR

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4004	_				

· 12973 CERTIFICATE OF DEATH

12966

Reg. Dist. No.

	1. PLACE o COU	OF DEATH INTY	Carrol	1	MARYLA	ND	2. USUAL RESIDENCE (W)		b. COUNTY	ani Residence b	efore admission)
			f outside corporate limi	its, write c.	LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If a		rote limits, write R	URAL ond give	nearest town)
	NON	RURAL and give nearest town) Henryton			2 days		Takor	ma Pa	rk ,	5 14 .	
	d. NAA OR I	NOTHTEN	AL (If not in hospitol, garyton St				d STREET ADDRESS	Blai	r Road		IS RESIDENCE ON A FARM? YES □ NOX□
	3. NAME DECEA (Type o	SED	fit E v		Middle		Johnson	4. DATE OF DEATH	Dece	mber]	Doy Year 5 1957
	5. SEX Fer	male	6 COLOR OR RACE	7. MARRIED WIDOWED			11-??-189	7	9. AGE (In years lost birthday) OU yes.	Months Day	AR IF UNDER 24 HRS ys Hours Min.
!	100 USUA durin	OUSOW	N (Give kind of work ing life, even if retired IS	done 10b. KINI)	D OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stone Virgini:	_	ountry)		S. A.
7	13. FATHE	R'S NAME					14 MOTHER'S MAIDEN N				
Ę	L	ouis E	ryor				Nora L.	Barr	ett		
-	13. WAS ((Yes, no, or		R IN U. S. ARMED FOR Ill yes, gave wer or dates of s	mevice)	DOWN		rormant va Johnson	- 77	02 Blai		Park, Md. Takoma
	Con gov cous lying	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. Conditions, If any, which gove rise to immediate couse (o), stering the under. Lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II of item 18.)									
/	21. I alive	IME OF INJURE Hour o. m. p. m. I certify the an Dec	MEDICAL EXAMINER) Y Month, Doy, Ye 19 at I attended the sember 15	while of work 1 to deceased 1957	fram Deceming and that december of the law o	ber leath	accurred at 11:00 He:	ecemb OA, from ADDRESS (S	er15,57 n the couses of treet, city or town, n, Mary	and on the store)	t saw the deceased date stated abave. 12-15-57
	220 BURI	c (iAbe)	Igars M.		R. NAME OF CEMETI				TION (City, lown,		lenryton, Md
		Burla	12-2	2-57	Stanto	מ				rginia	
	23. FUNE	RAL DIRECTOR	s signature for to	41	ADDRESS 3224-	12		D BY REGIST	William Bridge ME de	STRAR'S SIGNA	manthaun

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DEC

with

filed

should

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filled

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þ permit.

signed

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T 70

within 24 hours



within 24 hours ofter death? Page

executed

death certificate

requires that the

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12968

EULING N. S.

2501 mg **330**

the registrar with MV2 hours after death. After this in by the funeral director, the third copy of this

TO FUNESTAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTEMBING PHYSICIAN OR HOSPITAL: The law requires that the death certificate to exec. The bound copy may be retained by the hospital or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Them 1 Film@223 12-16-57 et

12969

CERTIFICATE OF DEATH +12976

Reg. Dist. No...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Tarroll MARYLAND	STATE TANK COUNTY (CARALLY
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Iffourside corporate limits, write RURAL and give nearest town)
OR and give namest fown) TOWN Union Bridge (in this place)	TOWN ()
HOSPITAL OR	STREET (If rufat give location)
INSTITUTION OR	ADDRESS
3. NAME OF (first) (Middle)	
(Type or Print) Samuel Frank	(Lest) 4. DATE (Month) (Day (Yest) OF DEATH /2 () 19
RACE) WIDOWED, DIVORCED,	DATE OF BIRTH 1 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if or INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(telet loons	Elina angel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. INFORMANT & APPRESS
Trone	Lana Male Rooms
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
M. San. Pa	Idilitation something
IMMEDIATE CAUSE (A) THE PERIOD AND ADDRESS OF THE PERIOD ADDRESS OF THE PERIOD AND ADDRESS OF THE PERIOD ADDRESS	a compact
DISEASES OR CONDITIONS, IF ANY, (B) Anuslina GIVING RISE TO THE ABOVE CAUSE	I Sirohora Helago
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
190. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURED White Work et work et work	218. HOW DID INJURY OCCUR?
	1
	1-, 19.57, to 12-6-, 19.27, that I last saw the deceased
alive on	red at
1/1/ 4800-	ADDRESS (Strael, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, A I DATE THEREOF I NAME OF CEMETE	Tay of carry lives
REMOVAL (SPECIFY)	Cocation (City, Iown, or county) (Start)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR'S SIGNATURE
DATE /10/57 Vestio 21 Jelo da	25. TONERAL DIRECTOR'S SIGNATURE

DEC 11 ...

27	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12977 CERTIFICATE OF DEATH 12970 Reg. Dist. No.								
1	PLACE OF DEATH	ROLL	MAI	2. USUAL I	MARYCA	re deceased lived.	If institution: Res		•
	RURAL and give nec	ESVILL	B 344	ears	Dal	Isida carporate lim	its, write RURAL o		
	d. NAME OF HOSPITA	(If not in hospital, give	THIE HOSP	d. STRE	Property of the state of the st	Ever	green	-Z ON	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	First Jol	hy Waidd	Lau	94/14	4. DATE OF DEATH	Dea_	Doy	Year 195
	muele	Colute v	MARRIED NEVER MAR	ED -	13-10	PAP 9. AGE	birthdoy) Mont		rs Min.
L	during most of worki	N (Give kind of work do no life, even if retired)	ne 10b. KIND OF BUSINESS	/	TARY	r foreign country) イタルク	12.	CITIZEN OF WH	
1:	JEFFEK	ison l	AUGHLIN	14. MOTH	ER'S MAIDEN NA	HILL	i ES		
1	WAS DECEASED EVER	IN U. S. ARMED FORCE I yes, give wer or dales of serv	16 SOCIAL SECURITY N	0 17. INFORMANT	rols of	1 SPR	Address ANGF	1ELAS	T. HOS
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROTIARY OF CUSTON.							INTERVAL ONS PT A	BETWEEN ND DEATH
	Conditions, if on		HYPERTENSING	CARDIOUA	ICULAR,	DURAGE		mo	rethon
	gave rise to in couse (a), stating t lying couse last.	he under- DUE TO	1/						
7 4 410 11	. J	CHIZOLHAD	TIONS CONTRIBUTING TO C	A 1.	TYPE.	IAL DISEASE CONE	ITION GIVEN IN	PET	S AUTOPSY FORMED?
Central	200 ACCIDENT WAS	UNDERLYING 21 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY	OCCURRED, (Enter natu	re of injury in Po	ort I or Part II of it	em 18.)		
10000	Hour o. m.	Month, Day, Year	20d INJURY OCCURRED While Nat while of work of work	20e. PLACE OF INJU factory, street, o	RY (Home, form, office bldg , etc.)	20f (City or taw	n)	(County)	(Stole)
ı	21. I certify the	at Tattended the d	1 7	it death occurred	ot \$ 10 p	M, from the		t I last saw th	
	ACTUAL SIGNATURE	Walte	Rusn	1. 1 40		DORESS (Street, cit		7	DATE SIGNE
4	PHYSICIAN'S NAME (Type)	VALTER	KILIOPP	, m.b.		~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in vita vida vita vita vita vita vita vita vita vit	****
2	BURIAL, CREMATION REMOVAL (Specify)	1, 226 DATE THEREOF	22c-MARE OF CE	METERY OF CREMATOR	Tak !	22d. LOCATION (C	ity, to the or coun		lang)
2	3. AUMERAL DIRECTOR'S	SIGNATURE	530 5 APORESS	arford	24a. REC'D	BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	eer
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DEC ♥ 1825



· 12978 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND death. D CITY OR TOWN (If outside corporate limits, write RURAL god, give nearest Jawn) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 e Pe RUSAL and give nearest townit should d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? YES Y NO d. STREET ADDRESS OR INSTITUTION 00 54 3. NAME OF First Middle 4. DATE Day Month Year DECEASED [Type or print] DEATH 19 S. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HR AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED [7] DIVORCED [7] papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country death. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Like **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** caese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES | NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while D. M. 19.50, 10 19.1. Zithot I last saw the deceased 21. I certify that Lattended the deceased from (Latterded) and that death occurred of 1 .M, from the causes and on the date stated above. ADDRESS (Street, city or town/stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c_NAME OF CEMETERY/OR CREMATORY LOCATION (City, fowr 22d. (Stote) page ZEMOVAL ' 0 **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

			MENT OF HEALTH—BA	LTIMORE, 18	12973
	. 12	2980 CERTIFIC	ATE OF DEATH	Reg. D	ist. No. 74
,	3. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where decem-	1 COLLETA	o.City
	b. CITY OR TOWN (If outside corporate limits, or RURAL and give nearest town) Sykesville	lyr. 25days	c. CITY OR TOWN (If outside corp Baltimore		
>	d. NAME OF HOSPITAL (If not in hospitol, give or institution Springfield State Hos	e street oddress)	d. STREET ADDRESS 1305 E. Baltimo:	re St.	e. IS RESIDENCE ON A FARM? YES NO STI
	3. NAME OF First DECEASED	Middle	Lost 4. DATE OF DEAT	Month	Day Yeor
	-111100	F	8. DATE OF BIRTH	200111001	12, 19 57 R 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work don	VIDOWED DIVORCED TO THE TOTAL PROPERTY OF TH	9/27/79 USTRY 11 BIRTHPLACE (State or foreign	f O yrs.	TIZEN OF WHAT COUNTRY
<	during most of working life, even if retired) Machinist 13. FATHER'S NAME	-	Unknown		U.S.A.
	John Lohr		Lydia Pelmer		
4/2	15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes no or unknown] [If yes, give wer or dates of service NO —		MFORMANT Springfield Hospita	Address al Records	
	PART F. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO	*	ic heart diseace.		INTERVAL BETWEEN ONSET AND DEATH LEARS
	Ving cause lost Z PART H OTHER SIGNIFICANT CONDITION C.B.S. ASSOC. WITH CITY WITH DSYCHOTIC TOO WITH DSYCHOTIC TOO OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH B CULATORY DISTURDS action. Fracture 36. DESCRIBE HOW INJURY OCCUR	of leg. ED. (Enter noture of injury in Port I or Po	SE CONDITION GIVEN IN PA Arterioscleros ort II of ilem 18.)	IS PERFORMED? YES NOTE
	20c. TIME OF INJURY Month, Doy, Year Hour a.m.		PLACE OF INJURY (Home, form, 20f. (Ci octory, street, office bldg., etc.)	ly or town)	(County) (Stote)
	21. I certify that I attended the de alive on December 12,		h occurred of 11:45Am, fro ADDRESS M.D. Springfield	om the couses and on the (Street, city or town, stote) Hospital	
	270. BURTAL, CREMATION 276 DATE THEREOF	7 U. Prud U	OR CHEMATORY 220 LOC L-Salval Bet	ATION (City, town, or county)	(Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 8Y REGI DATE 12/19	STRAR 246. NEGISTRAR 951	MIGNATURE Mes.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12974

			298	1 CERT	IFIC	ATE	OF DEATI	-		Reg. D	ist. No.	7,	4
1, PLACE	OF DEATH						USUAL RESIDENCE (W	here decease	d lived. If instituti		nce before	e odmissi	onj
		rroll		MAI	RYLAND		Marylan	đ	0. 10 0		gome	ry	
b. CIT	Y OR TOWN (IF	outside carporate lin	nits, write	c. LENGTH OF STA	Y IN 16								
	Sykesvi	lle		Syrs. 9mo	s. 60	day	s Pooles	ville,	Marylan	d			
OR	INSTITUTION	AL (If not in hospital,		·			d STREET ADDRESS				•	ON A	DENCE FARM?
S	oringfi	eld State	Hosp:	ital				-				YES X	
3. NAME	OF ASED	F	cryl	Midd	le		Lost	4. DATE OF	Mon	ith	Day	Y	ear
	or print)	Ma	ary	Elg	in		MAINN	DEATH	Decembe	er	1	71	9 57_
5. SEX		6. COLOR OR RACE	7 MARI	RIED NEVER MARI	RIED 🔲	B DA	TE OF BIRTH		AGE (In years lost birthdoy)	IF UNDE Months	RIYEAR		
	male	White	WIDOW			9	/25/1865		92 yrs.	Months	Days	Hours	Min.
10o. USU. durir	AL OCCUPATIO	N (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12. C			COUNTRY
	Nurse			Unok]	Maryl.	and			U.	S.A	
	ER'S NAME					14	MOTHER'S MAIDEN	NAME					
	Charles	Elgin					Ellen D	. Smit	h				
15. WAS (Yes, no. or		IN U. S. ARMED FO		SOCIAL SECURITY N	0 17. 1	NFOR	MANT		Add	F@55			
No		-		Unk	S	ori	ngfield St	ate Ho	spital				
18.				ne for (0), (b), and (0).]	0.	A: 1.	1 01	,			RVAL BET	
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE I	01	mur	105C	un	our nea	rt W	nease		1 1/2	an) i
		DUE T									17		
	nditions, if an		ы										
	re rise to in se (a), stating t	N PHILE T	0										
	g couse lost.		(c)										
0 N	PART II. OTH			CONTRIBUTING TO D	EATH BUT	TON	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 19	WAS A	UT OPSY
3			rile	120 y Cho	200	2	miple.	deller	Dra pou			YES 🔲	МОЖ
	ACCIDENT WAS CONTRIBUTING ITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CHIBE HOXY INJURY	OCCURRE	D. (En	iter noture of injury in	Port I or Par	t I) of item 18.)				
WEDICAL 20c. 1	TIME OF INJURY	Month, Doy, Y		NJURY OCCURRED	20a. PL	ACE C	OF INJURY (Home, fore street, office bldg , etc	n. 20f (Cil)	or town)		(County)		(State)
WED	Hour a.m.	19	While of wor	k Dot while		nurur y ,	arcer, onice prog , en						
21.	I certify the	at I attended th	e deceas	ed fram	M-	1-	1950 to D	ecem	4-1719,57	7 that I	last sa	w the	deceased
	e an 12	-17-19	5719	and the	at death	000			n the causes o				
	1 /-	1.0 04	7 [1	0 11		1	ADDRESS (S	treet city or lawn,	state)	-/	, DA	TE SIGNED
ACTU	ATURE NO	Usher of	.10	mmfu	alt	M.D.	Spring	silla	State OL	01/2	1/2/	V	
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	SICIAN'S SE (Type)			<u> </u>		,							
		V. 276 DATE THERE	OF	22c. NAME OF CE	METERY O	R CRE	MATORY (,)	22d. LOCA	TION (City/Jown,	or county)	1	{Stote	1 0
2 CM	OVAL (Specify)	12-2	0-5	man	ac	00	4 Elm	THE	salse	ell	(0	20	Call
23. FUNE	RAL DIRECTOR'S	SIGNATURE	20	ADDRESS		•	240. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATUR	. /	/
10	M. 13	Hel	In	Barn	ece	el	el most	12/17/	57 6- 8	Her	ey Z	lle	W

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12982

CERTIFICATE OF DEATH

12975 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYL	AND	2 USUAL RESI	DENCE (Who	ere deceased	l lived. If institute b. COUNT		te before odmi	istion)
b. CITY OR TOWN (rroll If outside corporate limi	its, write	c. LENGTH OF STAY IN	N 15	c. CITY OR I	OWN (If as	utside carpa	rote limits, write	RURAL and a	ive neorest to	wn)
RURAL ond give n	earest town)	ein	e 1/9/52				City			241	. 4
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	address)		d. STREET A		3 OTOX			e. 15 R	ESIDENCE
OR INSTITUTION Spr	ingfield St	ate I	Hospital		332	2 Clii	tmont	Ave			A FARM?
3 NAME OF DECEASED	Fir	st	Middle		los	1	4. DATE OF	Me	onth	Day	Year
(Type or print)	Joh		Anthon		Marshal	1	DEATH	De	cember	6	19 57
5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	8	DATE OF BIRTH	1		9. AGE (In year lost birthday)		PYEAR IF UNI	
male	white	WIDOWI		100	9/7/81			76 yr		Days Hours	s Min.
10a, USUAL OCCUPATION during most of wor	ON (Give kind of work king life even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stole o	or foreign co	ountry)	12. CIT	IZEN OF WHA	IT COUNTRY
	anitor		yme.					ltimore	9	U.S.A.)
13. FATHER'S NAME			Þ		14. MOTHER'S	MAIDEN N	AME				
	John A.					Fannie	Lins	er			
15. WAS DECEASED EVE (Yes. no or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	FORMANT			Ad	ldress		
no		7	york	Re	cords o	f Spri	ngfie	ld State	e Hosp	ital	
1 1	ATH [Enter only one co	iuse per li	ne for (a), (b), and (c)]							INTERVAL I	
PART I. DEA	NTH WAS CAUSED BY: IMMEDIATE CAUSE fo	LCan	diac insuff	ioio	max-						eeks
334)	DUE TO		and himmer	1010	ano J						
Conditions, if a		Gen	eralized an	d ce	rebral	arter:	ioscle	rosis	mor	e than	5 yrs
gave rise to i											
lying cause last.		1			·						
PART II OT			CONTRIBUTING TO DEAT			THE TERMIN	NAL DISEASI	CONDITION G	IVEN IN PART	1(a) 19. WAS	S AUTOPSY FORMED?
Se Se	nile psycho		simple det							YES [] оо [
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	f injury in P	art I or Port	II of item 18.)			
Hour e.m.	RY Month, Day, Ye	While	Not while		E OF INJURY (I			ar tawn)	(0	ounly)	(Stote)
			k ot wark				<u> </u>	-	-		
			ed from Jan								
alive anDa	2	, 12_5	7, and that o	death (accurred at			n the causes reet, city or town			
ACTUAL SIGNATURE	mari	. 3	m, 2	14 · M	DSp		•	tate-Ho			DATE SIGNE
PHYSICIAN'S					-	-		sville,			
	lambin Gros	خفصصنا بخف	D.		y min. with mijn with min. After days ag						
220. BURIAL, CREMATIC REMOVAL (Specify)F	22c NAME OF CEMET	FERY OR	CREMATORY			TON (City, fown		{Ste	ote)
Burial	12/10/	77-	Holy Red	deer	ner Cer			timore,			
23 FUNERAL DIRECTOR	Schimune	k Fu	neral flome	9			BY REGIST		SISTRAR'S SIC	MATURE .	11
8331 Brehr						DATE /	7.7.6	100	New	of	-

BULLE. V. T.

12976 74 Reg. Dist. No.

1.	PLACE OF DEATH					2 USUAL RESID	DENCE (Wh	ere deceased	lived. If institution		before a	dmission)
	a. COUNTY Ca:	rroll		MARYL	AND	o. STATE	Mary	land	b. COUNTY		Ba3	Lto.City
Г	L CITY OR TOWN (IF	outside carporate limi	ls, write	c LENGTH OF STAY	N 16	c. CITY OR 1	TOWN (IF or	utside corporo	ste limits, write R	URAL and giv	e negresi	town)
	Sykesvill			3yrs.7mos.	.1.0d	avs E	Baltim	ore	P.7	° 1	d in	
		AL (If not in hospital, g	ive street			d. STREET A						S RESIDENCE
		ld State H	osoit	al		1802 N	. Ent	aw St.				ON A FARM?
3	NAME OF	Fir		Middle		Las		4. DATE	Mon	th	Day	Yeor
	OECEASED (Type or print)	Wil	Lson		M	cCLAIN		OF DEATH	Decemb		17.	1957
5.	SEX			IED NEVER MARRIE		B. DATE OF BIRTH	Н	9	. AGE [In years			UNDER 24 HRS
	Male	White	WIDOWE			July 10	. 188	0	last birthday)	Months D	ays H	ours Min.
10	. USUAL OCCUPATIO	N (Give kind of work of	lone 10b	KIND OF BUSINESS OF	INDUS				intry)	12. CITIZ	EN OF W	VHAT COUNTRY
	Bor O.	<u>ing lite, even it reliced)</u>		-		Unkn					U.S	5 . A .
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	William	McClain				Kathe	rine	Knowle	8			
	WAS DECEASED EVER			SOCIAL SECURITY NO	17. II	FORMANT			Addi	953		
14	No No	If yes, give war or dates of it	2	12-16-0872	S	pringfie	ld Ho	spital	Records	3		
			use per lin	ne for (a), (b), and (c) $\}$							INTERV	AL BETWEEN
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	B	ronchopneur	noni	a					Day	AND DEATH
	411V	DUE TO					_					
	Canditians, if an											
	gove rise to in cause (a), stoting t	nmediale (
	lying couse last.	(c)		- delile						- 1.5		
CERTIFICATION	C.B.S. ass	er significant con	or of	metabolismection.	TH BUT	NOT RELATED TO	nutri	tion, W	conpilion Giv	ELIE Dr	19. V	WAS AUTOPSY ERFORMED?
F	20g. ACCIDENT WA	S UNDERLYING CI	20b. DESC	RIBE HOW INJURY OC	CURRE	(Enter nature of	Finitery in P	ort Lor Port I	I of item 18)		110	ST NOTE
	THE EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		INDE FIGHT INSONT GC	CORNEL	tema notore a		0,110,101,1				
SE	20c TIME OF INJURY	Month, Day, Yes			20e. PLA	CE OF INJURY (I	Home, farm,	20f. (City o	ir town)	(Co	unty)	(State)
MEDICAL	Hour o.m.	19	While of work	Nal while	TOC	iory, street, ornice	r blog., erc.	'i				
	21. I cartify the	at I attended the	decens	ed from May 7		1954	toDe c	ember	17, 1957	that I la	et enw	the decease
	alive an Dec		19 5	7 and that	death	accurred at	:00 A	M fram	the course o	nd on the	dote	stated abov
	//		/		10-	accorred ag			el, city or town,		duic	DATE SIGNE
	ACTUAL SIGNATURE	Muh H.	100	mengy	115	AD Spri	ngfie	ld Sta	te Hosp	ital		12/17/57
	PHYSICIAN'S NAME (Type) W	alther H	Sonne	nfeldt, M.	0.	Syke	svill	e, Mar	yland			
22	BURIAL CREMAT OF	V. 226 DATE THEREO	F	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCATIO	ON (City, town, o	or county)		(Stote)
Z:	REMOVAL (Specify)	12/20-	3/	nit Zeo	2			Truck	ind By	41, Tu, Co	11	15
23	FUNERAL DIRECTOR'S	17 8	41111	ADDRESS //			24a. REC'D	BY REGISTR	AR 24b, REGIS	STRAR'S SIGN	ATURE	51

may be retained by the haspital or attending physician.

TO FUE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

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of any event within 72 hours offer death,

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		l	12985 CERTIFICATE OF DEATH
1 8 £/	per vs	-	Reg. Dist. No. /
Pag direct	*	ľ	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased leved. If institution, Rasidence before admiss on) b. COUNTY b. COUNTY
arh.			b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town)
fum fum blo		1	Hundrited Kural 3 July Halupstend (Kural) XI
by the	¥		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES NO
filled in			NAME OF DECEASED (Type or print) EVELYN - LEOLA - MILLER OF DEATH DEATH DEATH 12 1957
pletely rrs. Pag	1000	5.	SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED SIRTH 9 AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. In years
nd cam	1	10	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11/8/RTHPLACE (State or foreign country) Oring most of vorking life, even if retired) Hauvey Cordan Co Milylelled WS A
ote be icion or e corbo rs ofter		13	Milalion Harris Edua Waguer
certific ng phys e remov 72 hour			Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT In no. or unknown? All yes, give wor or doles of sornes) 213-09-5342- May chas class, Hambers H
attendi n pleas within			18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 2. DEATH ONSET AND DEATH CONSETTAND DEATH ONSET AND DEATH
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IAN: The ending ficate hat the burner or rem		CERTIE	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or oth this certi-		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not 19 20d. INJURY OCCURRED While Nat while all wark at wark at wark 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
ING ospit frer 1 frer 1 of for			21. I certify that I attended the deceased from 12-12, 197, to 12-12, 197, that I last saw the deceased
the h			alive an, 1957,, and that death accurred at 40 M, from the causes and an the date stated above.
by ECTC			ACTUAL SIGNATURE O. C. Parterfield M.D. Harry tend MW 12/13/3
etoined	. 1		PHYSICIAN'S M.C. Porterfield, E.D. Hampstead, Md 12/13/57
DSPI INFO		22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
may O Fur page the re		22	sund 12-16-5/ 1/14 Celiver Hellover Penns
VS AIS (4) 15M 9/55		23.	Edie Histon Hempstead Md 240, REC'D'BY REGISTRAR'S SIGNATURE DATE 14/7 Leur ADDRESS LOW

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_	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12986 CERTIFICATE OF DEATH Reg. Dist. No. 76														
oll.		MATTER	2.	usual residence (who o. STATE Marylan	nere decease	d lived. If ms 6. COU	titution		e befar	e odmissi	ion)				
te corporate limits, own) stminster		c. LENGTH OF STAY IN 16	ll .	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Nr. Westnibster											
not in hospital, give		· ·	d. STREET ADDRESS Westminster, Md. R. D. 2												
Fint Porti	a	Middle Keturah		Mille r	4. DATE OF DEATH		Manth	24/5	Day	1	Year 19				
	MAR VIDOW			ate of Birth 10/11/1894		9. AGE (In y lost birthd 63		·	YEAR Doys	Hours	R 24 F				
ve kind of work done 10b. KIND OF BUSINESS OR INDI- e, even if retired) USEWife Her own home				11. 8IRTHPLACE (Stole Lewisbur	_				S.A	F WHAT	COU				

,		b. CITY OR TOWN (if RURAL and give nec	outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If a	utside corpo	role limits, writ	e RURAL and g	ive nearest town	}	
	F	tural, Nr.	Westminste	er	61 Yrs.	Rural,	Nr. W	estnik	ster				
		d. NAME OF HOSPITA	L (If not in hospital, g	ive street (oddress)	d. STREET A	DDRESS			1	e. IS RES	DENCE	
			er, Md. R.	D.	2	Westminster, Md. R. D. 2							
	3.	NAME OF	Fin		Middle	Los		4. DATE	,	Agnth	Day 1	(ear	
		DECEASED (Type or print)	Port	ia	Keturah	Mil	ler	OF DEATH		12/24/5	_	9	
	5. 5	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH	1		9. AGE (In yes	IF UNDER	YEAR IF UNDE	R 24 HR5	
	F	Temale	White	WIDOWE	DIVORCED	10/11/	1894			Y) Months	Days Hours	Min.	
	100	. USUAL OCCUPATION	N (Give kind of work on life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU					12 CITI	ZEN OF WHAT	COUNTRY?	
Ĭ	H	lousework,		He	r own home	Lem	isbur	g, Ohi	.0.	U.	.S.A.		
	13.	FATHER'S NAME		_		14. MOTHER'S	MAIDEN N	IAME					
1		William	Kirkhof			1		okingb	. 67 10				
			IN U. S ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	moners	na.17	uller	Address			
1		No	. 100 8.10		12-18-2020 No	rman A.	Mille	r. R.D	.2. We:	stminste	er. Md.		
		18. CAUSE OF DEAT	H [Enter only one co	use per lin	ne for (o), (b), and (c).]						INTERVAL RE	TWEEN	
			H WAS CAUSED BY:	(K	rdin-ner	ral-1	ras	cul	as d	below.	ONSET AND	CEATH	
		442X	DUE TO			<u> </u>						900000	
		Conditions, if an	y, which } (b)										
		gave rise to in	mediate (
		lying couse lost.	le under-										
	20	PART II. OTH			CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION	GIVEN IN PART	1(o) 19. WAS A	UTOPSY	
3	ES	Mallhudder die 2 mas - () begith YEST NO PA											
	CERTIFICATION	200 ACCIDENT WAS	UNDERLYING	20Ь. DESC	CRIBE HOW INJURY OCCURR	ED (Enter nature of	Finjury in I	Part I or Port	11 of item 18.)				
		OR CONTRIBUTING	MEDICAL EXAMINER)					4		-			
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yes	r 20d. IN		LACE OF INJURY	Home, form	20f. (City	or town)	(C	ounty)	(State)	
	G3W	Hour o.m.	19	While at worl	Not while	sclory, street, office	blog, etc.)		~~			
		21. I cortifie the	at Lattended the	decens	ed from Dec. 1"	1 1047	1010	01.2	4 4 10.5	5 7 that 1 1	ast saw the	doceated	
		alive on LLC	244	105	\mathbb{Z}_{-} , and that deat	b occurred of	1145	AM from	o the couse	e and on th	a data stata	d shaws	
					. 1				reet, city or to			TE SIGNED	
		ACTUAL CO	12/31	11	ines la	us M	1111	Tin	ins	tie	1211. 12	2-25-5	
1			4		1	m.v.		4					
		PHYSICIAN'S NAME (Type)	· Lr. 1311	1/11	145/Ca								
	220	BURIAL, CREMATION	4, 226. DATE THEREO	F	Azc. NAME OF CEMETERY	OR CREMATORY		22d LOCAT	IION (City, low	n, or county)	(State	:)	
		REMOVAL (Specify)	12/28/5	7	St. Marys	Cemetery		Silv	er Run,	Carrol	11 Count	y, Md.	
	23.	FUNERAL DIRECTOR'S		:. 1	ADDRESS		24a. REC'	D BY REGIST	RAR 24b. Ri	GISTRAR'S SIG	NATURE		
	1	La Clary	rd A. der	Et.	Littlestown,	Pa.	DATE A	2. 1	10 /	/	0-1	2:10	

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ENERRY A. E.

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ou,	· .			12	2987	WED	ICAL	EXAMIN	ER'S	CERTIFIC	CATI	E OF	DEATH	Reg.	Dist. No		87
cremation	()X		1, 8	LACE OF DEATH	Carro	//		MARY	LAND	2. USUAL RESIDEN 0. STATE		ere decesse	5 COUNT		dence bef		ssion)
	-	الاسا	b	CITY OR TOWN		mits, write RUI	PAL C.	LENGTH OF STAY	IN 1b			_	erate limits, write				wn)
	200%	^	d	NAME OF HOSPI	TAL OR INSTITU	TION (If no	ot in hospital	l, give street address	\$}	d. STREET ADDR		.D. 2	!			e. 15 RE	ESIDENCE A FARM?
4		*	2 1	MY, A	Jiry.	OKOU	ye 2	3			Mt.	Airy				YES [МОД
			- [ECEASED Type or print)	G	Fint 2014	le.	Allison	ч	MANYOC	1	OF DEATH	Month 12	-	Z/		957
1	I	1	5. S	Male	6. COLOR OF		MARRIED [NEVER MARRIED	K B.	March 1	5.19		AGE (In years lost birthday) 37 yrs.	Months	R TYEAR	Hours	ER 24 HRS. Min.
	-	4	10a.	USUAL OCCUPAT	ION (Give kind o	f work done	10b. KIND	OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE	- / -			12. C	ITIZEN OF	WHAT	COUNTRY?
				FATHER'S NAME	None					Culpe			ginia		USA	A	
			13.	Rob	ont End	mle M	lonro	9		14. MOTHER S MAII	_						
				WAS DECEASED E	VER IN U. S. ARA		S? 16. SOC	CIAL SECURITY NO.	17. W	FORMANT	De.	TTO	Address				
		C		No	()***, 3	00.01.07.26.77		None	N	irs Mamie	e M	onroe	, Mt.	Airy	, Mo	d.	
				PART 1, DE/ PART 1, DE/ Conditions, if is gave rise to imme (a), stating the course last.	TH WAS CAUSE IMMEDIATE CA Bany, which	D BY:		onchopneu	moni	a					ONSE	T AND DEA	Tit
		2	CERTIFICATION	PART II, OT					***	OT RELATED TO THE				EN IN PA	, .		AUTOPSY RMED?
			CERTI	20g. EXTERNAL CA PRIMARY (or CC CAUSE OF DEATH	NTRIBUTING	20b. E	DESCRIBE HC	W INJURY OCCUR	RED. (Er	nter noture of injury i	in Port I	or Port II o	f item 1B.)				
			MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		lay, Year	While _	Not white at work	e. PLAC facto	E OF INJURY (Home ry, street, office bldg	e, form, g., etc.)	20f. (C'ty c	or town)	(C	ounty)		(Stote)
										re, held an Au tide 🔲, Homi			pection			and f	find that
				ACTUAL SIGNATURE	Villia	Va	fort	*		_M.D. CHIEF MEDIC	CAL EXA	MINER 🗌				DATE S	GRIED
-	, a	2		EXAMINER'S NAME (Type)		- //				ASSISTANT M			× 12-	22.	-5%	7	
0 10			9119	BURIAL, CREMATION REMOVAL (Specify	Dec.	THEREOF	957	NAME OF CEMETE			2		on (City, Iown, o			(\$tote]
	•		_	WHERM DIRECTO		runt	h	ADDRESS Damas		240.	REC'D	BY REGISTRA				Hen	n Dr
		1									LU	7 17		2 de 1 de			13

EULLEAU V. S.

DECENALLY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. DEPT. 2. USUAL RESIDENCE (Where decrased lived). If institution Regidence before ad-PLACE OF DEATH o. COUNTY, Poge Heolth, MARYLAND files. b. CITY OR TOWN (If outside corporate fimily, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Joutside corporate) timits, write RURAL and give nearest town) director. your 5 for d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita) give street/address d. STREET ADDRESS 000 ON A FARM എ ക് YES NO 3. NAME OF Middle DATE First Month Yeor DECEASED 195 DEATH (Type or print) B DATE OF JERTH 7- MARRIED X NEVER MARRIED P. AGE (to years IF UNDER TYEAR IF UNDER 24 HXS Months Days Hours Min. WIDOWED [7] DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stote og foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even i retired) 14_MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per lige for (a), (b), and (c) INTERVAL SET WEEN PART I. DEATH WAS CAUSED BY: men IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? NO [200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1t of Hem 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f, (City or town) (Stole) (County) factory, street, office bidg., etc.) While Not while 0.00 et work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [7]. Inspection M Inquiry and in my opinion death resulted from-Notural couses Accident . Suicide . Homicide ... Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ā ASSISTANT MEDICAL EXAMINER EXAMINES DEPUTY MEDICAL EXAMINER S NAME IT DE sho BURIAL CREMATION. 22d LQCATION (City, fown, or county) 240 REC'D BY REGISTRAR BEGISTHAR'S SIGNATURE

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Λ· 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2982
477	12989 CERTIFICATE OF DEATH	MH
ge k.		
I director filed with	1. PLACE OF DEATH COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE MARYLAND b. COUNTY	e before admission)
to See	b. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest town). Let 3 mo 9 days C. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest town).	e nearest town)
by the fund 2 shauld	d. NAME OF MOSPITAL (If not in hospital, give street oddress) S. R. INSTITUTION S. Chapel Skett 307 S. Chapel Skett	e. IS RESIDENCE
n 24 har	3. NAME OF DECEASED First Month OF DECEASED (Type or print) Eligabeth March Obszewski DEATH 12-	Doy Yeor 15- 1957
ed within	JUNIONED DIVORCED 4 0 0 04 yrs.	Doys Hours Min
and cam le	during most of working life, even if retired) Unk Poland Por	and of what country
offe offe	John Holowinski Matikag 4	
n certifica ing physic e remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (19 yes, give wor or dates of service) not known that the cords	
death Hendin ptease within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
the of white with white	PART I DEATH WAS CAUSED BY: 13 TO THE CAUSE (c)	4 clays
that by th 7. Th y eve	Conditions if any which and Rhemmatic heart disease	morros
equires 1 1. signed [1 permit d in any	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	
physicia os been of-transi	PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART C. B. S. WITH CIPLIFIE ARTELY OF CLEVE SIGNIFICANT CONTRIBUTIONS OF THE PROPERTY OF	1(0) 19 WAS AUTOPSY PERFORMED? Y
IAN: The ending ficate to the buring ar rem	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of infuty in Port I or Port II of item 18) CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC SI or off his certi use as emotion,	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., atc.)	ounly) (State)
NDING e haspire : After t ched for urial, cri	21. I certify that I attended the deceased from 9 - 6, 1957, to 12 - 15, 1957, that I to alive on 2 - 14 - 1957, and that death accurred at 6204: M, from the causes and an the	ast saw the deceased
A ATTE	ACTUAL VEHILLY IT Somewfeloll, M.D. Springfield State Susper	Las DATE SIGNED
retaine	PHYSICIAN'S Walther It. Sonhenteldt	
O HOSP may be o FUNE pogr	220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CH. town, or county) 12-18-57 STATION	Med.
VS A15 (4) 15M 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALLE At. DATE 12-16-57 C. PROSTRAR 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE AT. DATE 12-16-57 C. PROSTRAR'S SIGNATURE AT. DATE 12-16-57	NATURE

2 .Y UNEING

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JEC 80 1957.



within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

EC (1) 1828

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VS A15 (4) 15M 9/SS

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Uniontown District IS RESIDENCE ON A FARM? YES NO T Doy Year Dec. 11. 1957 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mary Jane Reinecker Denton E. Powell, R.D.1, Union Bridge, Md. INTERVAL BETWEEN ONSET AND DEATH 6 days PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. PERFORMED? YES NO F (County) (State) 1927, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED Union Bridge, Maryland 22d LOCATION (City, town, or county) (Stote) Silver Run, Carroll Co., Md. 746. REGISTRAR'S SIGNATURE DATE DEC 1 3 '57 Littlestown, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12985

Dentent low ac'

BULEAU V. S.

DEC SINE

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PLACE OF DEATH a COUNTY filed MARKET CARRO ero b CITY OR JOWN (If outside corporate limits, write RURA) and guy nearest town? c LENGTH OF STAY IN 16 d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR MISTITUTION 4. DATE OF DEATH NAME OF **First** Middle DECEASED 64 (Type or print) 11K GINIA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH campletely WIDOWED [DIYORCED popers, 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) ducting most of working life, even if retifed) ğ 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** by Canditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part # of item 18.) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Haur a. m. While Not while of work at work 21. I certify that Lattended the deceased fram. alive on **ACTUAL** SIGNATURE P PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) PMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12993 **CERTIFICATE OF DEATH** Rea. Dist. No. 2 USUAL RESIDENCE (Where deceosed lived If institution: Residence before admission) **b.** COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. 15 RESIDENCE ON A FARM? YES NO D Month Year 19 0 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Davs Hours 12 CITIZEN OF WHAT COUNTRY? Addsess" INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 -WAS AUTOPSY PERFORMED? YES NO T (Stote) (County) 195 7, that I last saw the deceased and that death occurred at 3.10 L M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

(Stote)

B 1 1 1 1 8

DEC · iost

	MENT OF HEALTH—BALTIMORE, 18 12987
,12994 CERTIFIC	CATE OF DEATH Reg. Dist. No. 7
rroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll
tside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) × rural Smallwood
If not in hospital, give street address) R. F. D. 6	d. STREET ADDRESS R. F. D. 6 o. 15 RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)
William Perman	Riddle 4. DATE Month Dec. 9 1957
COLOR OR RACE 7. MARRIED ☐ NEVER MARRIED 15 WIDOWED ☐ DIVORCED ☐	B. DATE OF BIRTH Feb. 18, 1908 9 AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Days Hours Min Min
Give kind of work done life, even if retired) Shoe Factory	
Unknown	14. MOTHER'S MAIDEN NAME Daisy Riddle
U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Miss Daisy Riddle Westminster, Md.
[Enter only one cause per line for (o), (b), and (c).] WAS CAUSED BY: MEDIATE CAUSE (o) MEDIATE CAUSE (o)	(Olin) INTERVAL BETWEEN ONSET AND DEATH
which (b) Consolina a DUE TO (c)	stline 5 days
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
NDERLYING 20b. DESCRIBE HOW INJURY OCCUR CAUSE OF DEATH DICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
Tollelloed life deceased Irain,	th accurred at 12115 M, fram the causes and an the date stated abave. ADDRESS (Street, gity or town, state) DATE SIGNED
J.C. Smills fir	MD. 10 3 E Warm Win Anumber Af 12-10-3
MA ITAMATE	

(Stote)

22d. LOCATION (City, town, or county) Deer Park Cemetery Smallwood, Maryland

24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR John R. Byers, Westminster, Maryland DATE 211 1/2 160

EULLIAU V. &

DIALIBORAL

		. 1	299)5 c	ERTIF	ICA	ATE OF DEAT	Н	•	Reg. Dist	No. 7	4		
1.	o. COUNTY Ca	rroll			MARYLA	ND	2 USUAL RESIDENCE (M o. STATE	/here dece	pased lived. If institution b. COUNT	ion Residence Montg	omery	nission)		
	b. CITY OR TOWN [RURAL and give n	If outside corporate limi	ts, write	e. LENGTH	OF STAY IN	1Ь	c CITY OR TOWN (IF	outside c	orporote limits, write	RURAL and gi	ve negrest to	own)		
		kesville		3 mo,	23 dy	3	Rockvil	Rockville /'						
Г	d. NAME OF HOSPI	TAL (If not in hospital, s	pve street	oddress)			d. STREET ADDRESS		-		e. 15 f	RESIDENCE LA FARM?		
	Sp	ringfield	State	Hospi	tal		908 Vie	rs M	ills Road		YES	□ NO 🖾		
Э.	NAME OF DECEASED	Fir	nt .		Middle		Lost	4, DA		nih	Doy	Yeor		
L	(Type or print)		ranc		onamai		Russel.1	DEA	DCCC	rber	6	1957		
5.	SEX	6. COLOR OR RACE				_	B. DATE OF BIRTH		9. AGE (in years last birthday)		YEAR IF UN	DER 24 HRS		
L	F	W	WIDOWI	all light of	OVORCED [November 19,		3 74 10					
10	 USUAL OCCUPATION during most of work 	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUS	INESS OR I	INDU:	STRY 11. BIRTHPLACE (Stot	e or foreq	gn country)	12. CITI2	EN OF WH	AT COUNTRY?		
L	Telephone	operator					Maryland			U	SA			
13	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME						
L		nard Minor		neman			Sophia Be	rry						
115		R IN U. S. ARMED FOR (If you, give wor or doles of t		SOCIAL SECU	RITY NO.	17. II	NFORMANT		Ad	dress				
	no	6b		unk		S	pringfield H	ospit	tal record	S				
7		ATH [Enter only one co	use per li	ne for (a), (b),	and (c).}		•				INTERVAL	BETWEEN		
	Conditions, if of gove rise to it couse (o), storing lying couse lost	DUE TO	1	onch op:	neumoi	пла					days			
MEDICAL CERTIFICATION	CBS ASSOCIATION OF THE PARTY OF CONTRIBUTING (IF EITHER, NOTIFY HOUR O, m.	AS UNDERLYING TO AS UNDERLYING TO BE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	c reac	tion NURY OCC	URREI	NOT RELATED TO THE TERN DANCE WITH C D. (Enter noture of injury in ACE OF INJURY (Home, for lory, street, office bldg., e)	Port t or	Port II of item 18)		I(o) 19 WA PER YES (S AUTOPSY FORMED? NO M		
MEI	p, m,	19	of wor	k 🔲 ot work		+ 1	3, 19_57, to_D	ocomi	non 6 1057	15-4 1 1-				
	ACTUAL HONATURE	trud Sonne	ulu	fred	(M. T).	-	occurred at	ADDRES	S (Street, city or town	ond on the	bill	DATE SIGNED		
22		ON, 226. DATE THEREC	*			RY O	R CREMATORY	22d IC	CATION (City, town,	or county)	/5	tote)		
	REMOVAL (Specify)) , ,	7			-	Cemeterv							
23	FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRES	\$		24a- REC	L TO	CKVILLE GISTRAR 24b. REG	ISTRUM SIGN		7		
	Robert A	. Pumphre	<u>y F</u>	ethes	da, I	da:	ryland DATE [4	1955	Harr	y str	ey		
									- 4	//	,	The		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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EUTTIN V. S.

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BREEFAE

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4.900	C				

12996 CERTIFICATE OF DEATH

12989 Reg. Dist. No. 74

b. CITY OF IOWN	1,	COUNTY Ca	rroll		MARYL	AND	2. USUAL RESID o. STATE	Mal.	y Land	lived. If instituti b. COUNTY	oni Resideni	ce before	admission) V_
d. NAME OF NOSITIAL (If not in hospital State Hospital Original Principal State Hospital Original Principal State Hospital Original Principal State Hospital Original Principal Original Principal Original Principal Original Principal Original Principal Original Original Principal Original Original Principal Original		RURAL and give nee	orest town)	, write	c LENGTH OF STAY	N 1b	c. CITY OR T					ive neare	st fown)	¹ place
Decate Charles Dora Filledbrand Schafer State St		& NAME OF HOSPITA	At (If not in hospital, gi	tote	Hospital		d STREET AL		O Hari	ford Ave	nue		ON A FA	ARMZ,
The United State Description Descripti		DECEASED	Dor	a		and	Schafe	ľ	DEATH	12	,	24	19	57
Home Maryland USA	5	SEX F	I TAT		_				9		Months			
Charles Hildebrand Mary	100	during most of work	ng life, even if retired)			RINDUS				untry)	12. CIT		WHAT C	OUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (The me drownhamm) (My No. 200 Modern of worth 2 211-01-1:395D) Spring field Hospital records 18. CAUSE OF DEATH [Enter only one course per line for [0], (b), and (c).) PART I. DEATH WAS CAUSED BY: CAVONAVY OCCUVS I AN INTERVAL BETWEEN CONSET AND DEATH WOOLS. 18. CAUSE OF DEATH [Enter only one course per line for [0], (b), and (c).] PART I. DEATH WAS CAUSED BY: CAVONAVY OCCUVS I AN INTERVAL BETWEEN CONSET AND DEATH WOOLS. A VILLY OCCUPS I AN INTERVAL BETWEEN CONSET AND DEATH WOOLS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COURSE OTHER COURSE	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
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DAIL / FO VIII I MERCANI CO	23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			4	D BY REGIST	RAR 245 REG	ISTRAR'S SIG			J

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12991 . 12998 **CERTIFICATE OF DEATH** Rea. Dist. No. be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND WHO erol b. CITY OR TOWN (If outside corporate limits, write RURAL child give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) should PSC 0 PSCO 10 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 24 within 24 hours YES NO. NAME OF Middle. 4. DATE Month Filled Day Year DECEASED dward (Type or print) DEATH Pages REEMBOU 19 0 6. COLOR OR RACE 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. WIDOWED DE DIVORCED [7] YIL. 10a. USUAL OCCUPATION (Give kind of work done dynamics of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME PON IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Guipu 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN afte 72 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) ONSET AND DEATH event 1127.1 **DUE TO** requires that ۵ permit. Conditions, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underpuo lying couse last. buriol-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY removol PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) Hour a. ri. factory, street, office bldg., etc. --- Not white of work | at work" 21. I certify that I attended the deceased from GIPV and that death occurred at 11140 M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 5 σ PHYSICIAN'S FUNE oge 3 AURIAL, PREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) pode (Stote) May 2 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE /

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VS A15 (4) 15M 9/SS

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1200	0 4			DEATH.	

12999 CERTIFICATE OF DEATH

12992 Reg. Dist. No.

1 PLACE OF DEATH a. COUNTY			NCE (Where deced	ied lived. If instituti		before admit	sion)
Carroll	MARYLAND	a STATE Ma	ryland	b. COUNTY	Balto	City	
b CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside cor	porate limits, write R	URAL and give	e nearest taw	n)
RURAL and give nearest town) Sykesville	1 mo.5days	80	6 S. Bres	adway			A ^b
d. NAME OF HOSPITAL III not in haspital, give street or		d. STREET AD					SIDENCE
Springfield State Hosp	ital	Ba	ltimore :	31.			A FARM?
3. NAME OF First DECEASED	Middle	Lost	4. DATE		et.	Day	Year
(Type or print) John		SKUBER	OF DEAT	-		5.	19 57
5 SEX 6 COLOR OR RACE 7 MARRIE	D NEVER MARRIED I	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 11		-
Male White WIDOWED		April 2	1, 1883	9. AGE (In years last hirthday)	Months Do	ays Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZE	N OF WHA	COUNTRY?
Seaman	Unili-	Russ	ia		Rus	sia	
13 FATHER'S NAME	1	14 MOTHER'S N	AIDEN NAME				
Peter Skuber		Ilsa	Libek				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO 17. II	NFORMANT		Add	ress		
(Yes, no, or unknown) (If yes, give wor or dates of service) NO	86-12-8333	Springfie	ld Hospi	tal Record	is		
18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]				-	INTERVAL 8	ETWEEN
PART I. DEATH WAS CAUSED BY: Aget	eriosclerotic	heart di	sease			ONSET AND DEATH	
4420.0 DUE TO							
Canditions, if any, which)							
gove rise to immediate							
lying cause last. Oct 2 x							
	INTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISE	SE CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY
Cerebral arteriosclerosi	s with psycho	sis. Pulm	onary tul	perculcsia	3.		DRMED?
! LOR CONTRIBUTING □ CAUSE OF DEATH I	RIBE HOW INJURY OCCURRE	D. (Enter nature of	njury in Part I or P	ort II of item 18)			
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. p. m. 19 While at work	A	ACE OF INJURY (He dary, street, affice t	me, form, 20f (C	ly or lawn)	(Cou	inty)	(Stole)
p. m. 19 at work			3				
21. I certify that I attended the deceased	d from 10/30/57	, 19,	to Dec. 5	, 1957	that I las	st saw the	deceased
alive on December 5. 1957	ond that death	occurred at]					
12 211 21 6	. 1110			(Street, city or town,			ATE SIGNED
SIGNATURE NUMBER 1 - JOY	mimual.	M.D Sprin	gfield S	tate Hospi	ltal	12/5	/57
PHYSICIAN'S Walther H. Sonnen	feldt, M.D.	Sykes	ville, M	aryland.			****
	22c. NAME OF CEMETERY O	R CREMATORY	22d LOC	ATION (City, town,	or county)	(Sta	te)
Burial Dec. 10. 1957	Sacred He	art	Bal	timore, M	arylan	d	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		4a. REC'D BY REGI	400 12 1	STRAR S SIGN.		/
Lilly & Zeiler Inc., 403	S. Wolfe Stre	et (ATE 12.8-	5/160	tarry	ween	

DEC 10

TE	13000 MEDICAL EXAMINER'S	111000 7/
EPT.	1. FLACE OF DEATH O. COUNTY CAUPEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived If Institution Residence before admission) o STATE TICK b. COUNTY Certain
	b. CITY OR TOWN III outside corporate has to write RURAL on give project town of the character #1 to you	c. CITY OR TOWN (If outside corporate l'mits, surite RURAL and give nearest town) Recrect Morrectentes RD #1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give style) address) THERE CLERKER BY	d STREET ADDRESS, Maccelier 110 # 1 ON A FARM YES NO
	3. NAME OF DECEASED (Type or print) C U RT15 STA	MBAUGH DATE OF Month Doy Year 7 1957
	Thate witer wildowed Divorces	Date of Birth Aug. 20, 1890 9 AGE (in yours let under 14 hrs had builder) Months Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done during masked working life, even if refired) Fig. 1. The state of the state	IRY 11. BIRTHPLACE (Stole or foreign country)
	13. FATHER'S NAME Helliam Maurbaugh	14. MOTHER'S MAIDEN NAME Elozabetta Blaceffer.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NOT 17 18 [19 pa, give wor or dates of service] 214-16-1066	NFORMANT RD. 7 Address Westmissterk
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUNSHOT W	OUND OF HEAD
	DUE TO	
İ	gave rise to immediate couse [0], stating the underlying DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY & CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (8 CAUSE OF DEATH.	Enter noture of injury in Port t or Perf II of Item 18.)
	7 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e FLA	CE OF WAILERY (Home, form, 201. (City or Wan) (County) (State) ory, street, office blog., etc.) RI Muchbiter Carrall Ma
	21. I certify that I taak charge of the remains described about opinion death Asulted fram: Natural causes . Accident	ove, held an Autopsy . Inspection . Inquiry . and in my
	ACTUAL SIGNATURE JAMES J Marsh	M.D. CHIEF MEDICAL EXAMINER (1)
41	EXAMPLES T	ASSISTANT MEDICAL EXAMINER [] 15-7-57
	NAME (Type) JAMES / // HKCH	DEPUTY MEDICAL EXAMINER
	220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR	The property of the control of the c

VS A15ME 5M 2 '57

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after death.

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND STATE-DEPARTMENT OF HEALTH—BALTIMORE, 18

-1	3002	CERTIFICATE	OF	DEATH
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	1. [PLACE OF DEATH O COUNTY				- 14	USUAL RESIDENÇE (WI o. STATE		d lived. If in: b. COL		nı Reside	nce befor	re admis	sion)
		A STATE OF THE PARTY OF THE PAR	rroll		MARYLA		Maryl					to.C		
	1	b. CITY OR TOWN (ii RURAL and give no	outside corporate limi	ts, writ		- 13	c. CITY OR TOWN (IF		rote limits, w	rite RU	RAL and	give nea	rest tow	n) *
		Sykesvil			20yrs.2mos.		lays Balti	more		- 3				
		OR INSTITUTION	AL (If not in hospital, g	ive stre	eet oddress)		d STREET ADDRESS		-				e. IS RE	SIDENCE A FARM?
			eld State				2918 Crest	mont A	ve.				YES [NO 🔀
	3	NAME OF	Fir	st	Middle		last	4. DATE		Monti	h	D ₀	y	Yeor
		DECEASED (Type or print)	Lou	isa	Wolbrac	h	SUDSBURG	OF DEATH	De	cer	ber	14		1957
	5. 5	SEX	6. COLOR OR RACE	7. M	ARRIED NEVER MARRIED	□ 8	DATE OF BIRTH		9. AGE [In y		IF UNDE	R I YEAR	-	ER 24 HRS.
		Female	White	1	WED TO DIVORCED	_	August 11,	1867	lost birtho	yrs.	Months	Days	Hours	Min.
gić.	100	USUAL OCCUPATION	N (Give kind of work	done 10	OF KIND OF BUSINESS OR	INDUSTI	RY 11 BIRTHPLACE (Slote	or foreign o	ountry)		12 CI	TIZEN O	E WHAT	COUNTRY
		Housewife	ing life, even if retired	,	-		Germany					Un	knor	m
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME						
4		Ludwig Wo	lbrach				Fredrica	a Romm	el					
	15.	WAS DECEASED EVE		CES?	16. SOCIAL SECURITY NO.	17, INF	ORMANT	0		Addre	255			
		L no or unknown)	If yes, give wer or dates of s	ethice)	_		Springfield	Hospi	tal Re	con	de			
			TH [Enter only one co	Oth Day	r time for (o), (b), and (c).]		-b			001	40	LIMITE	RVAL BI	ET\4/EE\
			TH WAS CAUSED BY:		Myocardial	info	mati en					ONS	ET AND	DEATH
		400.0	IMMEDIATE CAUSE (o		My Ocal diar	THIL	TGOTON						day	7 5
		·	DUE TO		Antoniosolo	ma+1	c heart dis					J .v	ears	
		Conditions, if or gove rise to it	nmediate		Arterioscie	1.007	c neart ous	ease					GHT.	3
		couse (o), stating I												
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,	CATION	Paranoid	condition	DITION	IS CONTRIBUTING TO DEAT	M ION	OI KELATED TO THE TERM	INAL DISEAS	E CONDITION	N GIVE	N IN PAI	(()(0)	PERFC	DRMED?
					PESCRIBE HOW INJURY OCC	THORED	(E-t	R1 1 R	II -6 't 10				YES [_	NO 🛅
	CERTIFI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	400. D	PESCHIBE HOW INJUST OCC	.UXKED.	(cuter noture of injury in	rom i or rom	r II Or ITEM 10)]				
	MEDICA	Hour o.m.	Y Month, Day, Yes	Whi	ile Not while		E OF INJURY (Home, form ry, street, office bldg., etc		or lown)		(County)		(Stale)
	Σ	p. m.	**		vork oi work		EO Po		m 3.	62				
		21. I certify the	at I oftended the	dece	osed from July 1	3	1950, to De	cemoer	19. 19	21	,that I	lost so	w the	deceased
		olive on Dece	mper ru	, 19	221, and that d	eoth c	ccurred of 2:40					he dot	e stot	ed obove.
		ACTUAL NA	8/1/24 21/B	111	1011 Jelde			•	reet, city or t		*		D.	ATE SIGNED
		SIGNATURE P	YAVAT VI JU	VVV	in qual	М.	D. Springf	iera 2	tate n	osp	ltal		12/	15/51
		PHYSICIAN'S NAME (Type)	Walther H.	So	nnenfeldt. M.	D.	Sykesvi	lle. M	arylan	d.				
	22a	BURIAL, CREMATIO	N, 225. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	REMATORY	22d. LOCAT	HON (City, to	wn, or	county)		(Stot	le)
		PEMOYAL (Specify)	12/18/57		New Cat	thed.	ral Cem.		F	Balt	to	Md.		
	23.	FUNERAL DIRECTOR	SIGNATURE	11	ADDRESS /	7/	7 240. REC	D BY REGIST	RAR 24b.	REGIST	RAR'S S	GNATUR	E	1
	- V	11.M. J.	Jickner	Y	Sous - Da	110.	17.14X ONE	118	19.7	C	- 84	anx	4/1	Ler
	-												-	-

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24g. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

DEC 21

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

YS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13004

CERTIFICATE OF DEATH

12998

	7.0	100	1						Reg. Dis	t. No.	
1. PLACE OF DEATH 6. COUNTY Carrol	1		MARYL		SUAL RESIDEN	arvlan		d. If institut			mission)
b. CITY OR TOWN RURAL and give Tanevto	•	ls, write	c. LENGTH OF STAY IS	N Ib X	CITY OR TO	-	corporate	limits, write			own)
	PITAL (If not in hospital, g	ive street		1	d. STREET ADD					0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	John Fin	rl	Middle Robert		Wr i ght		PATE DEATH D	Mo	enih	Doy 8	Year 19 57
s. sex Male	6. COLOR OR RACE White	WIDOW	Appeal Control of the	□ Fe	or BIRTH	5, 188] '	GE (In years ost birthdoy) 76 yrs		Days Hou	NDER 24 HRS
during most of w	TION (Give kind of work of orking life, even if retired) Farmer	-	KIND OF BUSINESS OR	INDUSTRY	II. BIRTHPLAC	_	eign countr	у)	12. CITI	U.S.A	AT COUNTR
I3. FATHER'S NAME	amuel P. Wri	aht		14.	MOTHER'S MA		[ma	Wadah	.+		
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR	Marga MANT Clara				dress	wland	-
gove rise to cause (a), statin lying cause los	the under-		CONTROPOLITING	ru nur un	DELAYER WA	of Tempolaria	NICE ACC.	Maria			
lying cause los	1 1 1 1 1 1		CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO TH	IE TERMINAL D	DISEASE CO	NDITION G	IVEN IN PART	1(p) 19. W	AS AUTOPSY
Elden		20 DEC		Line s	Via	tales	. me	elil	rive		REFORMED?
O LIF EITHER, NOTH	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	200. 003	CRISE HOW INJURY OC	CUKKED. (En	ter noture of in	ijury in Pari i	or Port II o	rilem (B.)			
20c. TIME OF INJ	1.	While of wor	Not while		F INJURY (Hor street, office bl		f. (City or t	own)	(C	ounty)	(Stote)
21. I certify that I attended the deceased from 12/5, 1956, to 12/5, 1957, that I last saw the deceased alive on 1/27, and that death occurred at 12, M, from the causes and on the date stated above.											
ACTUAL SIGNATURE	2. S. meve	ing	6	M.D.	497a	ADDR	ESS (Street,	ity or town	estate)	ux M	DATE SIGN
PHYSICIAN'S NAME (Type)	R.S.M	eVe	augh						0	1	· ·
220. BURIAL, CREMAT REMOVAL (Special Burial		F	22c. NAME OF CEMET					(City, tawn,			State)
23. FUNERAL DIRECTO	OR'S SIGNATURE	revo	Monocacy C	100	24	a. REC'D BY			Maryl		
C.O.Fus	s & Son '	ranez	town Mary	and	0.	ATE DEC	11'57	Ill	It ca	12%	

BUREAU V. S.

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HYARD TO STADRING - BUILDING H

entiretine to the

Instead

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DEC 11 1025

DECENATE

PLACE OF DEATH

Carroll

Tanevtown -Rural

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

b. CITY OR TOWN (If autide corporate fimile, write RURAL

MARYLAND STATE DEPARTMENT OF 13005 MEDICAL EXAMINER'S CERT

MAKYLAND

c. LENGTH OF STAY IN 16

2. USUAL

O. STAT

c. CITY

RESIDENCE (V	Where decea	sed lived. If institu	lion: Resi	dence be	fore adm	ission)
Maryla	ınd	b. COUNT	Carr	110		
		porote limits, write	The second second	Andrew Control of the Party of	nearest ta	wn)
Rural	Tanev	town				
ET ADDRESS					ON	A FARM?
Last	4. DATE	Month	7	Day	1	feor
erman	DEATH	Decembe	r	14,	1	957
RTH		9. AGE (In years lost birthday)	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
3. 1884		73 yrs.	Months	Doys	Hours	Min.
PLACE (Stote	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
vland			1	J.S.	A	
R'S MAIDEN I	NAME					
Ida	R. Nus	sbaum				
		Address				
r A. Z	immer	man, Tane	vtow	n. M	arvl	and
				The state of	RYAL BETW	

Tyrone.

24g, REC'D BY REGISTRAR

DEC 18

Carroll

Co.

24b. REGISTRAR'S SIGNATURE

Maryland

											YES NO
		NAME OF DECEASED	Firs	it.	Middle	Last	4. DATE OF	Monti	h	Day	Yeor
ı		Type ar print)	Maude		L.	Zimmerman	DEATH	Decembe	er I	4.	1957
İ	5. \$	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	-	IF UNDER 24 H
1		Female	White	WIDOWE	DIVORCED	July 3. 188	4	73 yrs.	Months D	оуз	Hours Min.
	10o.	. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	lone 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stot	e or foreign o	ountry)	12. CITIZ	EN OF	WHAT COUNT
l		Housew		One	n Home	Maryland			U.	S.J	A -
Ì	13.	FATHER'S NAME			1713,1113	14. MOTHER'S MAIDEN	NAME				
l		Charle	es Phillips	3		Ida	R. Nus	sbaum			
Ì			R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	7. INFORMANT		Address			
l		no	, , , a - a - a - a - a - a - a - a - a		14	r. Luther A. 2	Zimmerr	man. Tane	ytown.	Ms	arvland
ĺ		18. CAUSE OF DEAT	H (Enter only one cau	se pes line	The second secon				-	INTER	EVAL BETWEEN
Ì			H WAS CAUSED BY:	Co	RONARY (De e history					AND DEATH
ł		420.1	DUE TO		J	70				700	
ı		Conditions, If an									
ı		gove rise to immed	ote couse								
ŀ		(a), stating the u									
I	7		FR ELCHHEICANIT CONI	NITIONIS CO	CALTRIBUTIANC TO DEATH B	INT NOT BELLITED TO THE TERM	ALALIA DIFERE	r compliant on	(F) I) B GY	1/2/2/2/2/	
	CATIO	PARE II, OTH	EK ZIGINIÇICNINI CONI	VIIIOI43 CI	ONIKIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	WINNE DISENS	E CONDITION GIV	EN IN PAKE	1	PERFORMED?
		20g. EXTERNAL CAU PRIMARY TO OF CON CAUSE OF DEATH.		b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Part II	of item 18.3			
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	Whil		PLACE OF INJURY (Home, for factory, street, office bldg., et	m. 20f. (Cit;	y or town)	(Coun	ty)	(Stote
Į		21. I certify th	at I taak charge	of the	remains described o	bave, held an Autap	sv []. I	nspection' K.	Inquiry	M	ond in r
l			resulted from: N		4		Hamicide	-	rmined m	W.A.	armen .
l		ACTUAL SIGNATURE	I The	mh		M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
ı		-				ASSISTANT MEDIC	CAL EXAMINE	R		1	2/11/1
1		NAME (Type)	AMES T	M	ARSH	DEPUTY MEDICAL	EXAMINER	7		,	1447
I	220.	BURIAL CREMATIO	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	******	(State)

Baust Cemetery

Maryland

Tangytown

TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any dillays is nemissary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUN. "It DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 320 b Board of Health. gnated agent, prior to borial, cremation, or remayet, and in any event within 72 bours after he certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1. be farwarded to the Chief Medical Examiner's Office along with form PM3. P. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 or its

VS. A15ME



Burial

23. FUNERAL DIRECTOR'S SIGNATURE

S 'N NAMADURA V. S.

DEC IS 1025